

Minutes of the meeting of the Finance Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, July 19, 2013 at the hour of 8:00 A.M., at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Acting Chairman Ramirez called the meeting to order. In the absence of a quorum at that time, he appointed Board Chairman Carvalho and Director Butler as substitute Members of the Committee for quorum purposes; therefore, a quorum of members was present.

Present: Acting Chairman Jorge Ramirez and Board Chairman David Carvalho (substitute Committee Member) and Director Hon. Jerry Butler (substitute Committee Member) (3)

Directors Lewis M. Collens and M. Hill Hammock and Mr. Donald Oder (Non-Director Member)

Absent: Director Carmen Velasquez (1)

Additional attendees and/or presenters were:

Gina Besenhofer – System Director of Supply Chain Management

John Cookinham – System Chief Financial Officer

Aaron Galeener – System Director of Budget

Randolph Johnston – System Associate General Counsel

Susan Greene – System Interim Director of Managed Care

Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer

Elizabeth Reidy – System General Counsel

Deborah Santana – Secretary to the Board

Rhonda Yates – System Director of Pharmacy

II. Public Speakers

Acting Chairman Ramirez asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speaker:

1. George Blakemore Concerned Citizen

III. Action Items

A. Minutes of the Finance Committee Meeting, May 24, 2013

Director Butler, seconded by Board Chairman Carvalho, moved to accept the minutes of the Finance Committee Meeting of May 24, 2013. THE MOTION CARRIED UNANIMOUSLY.

B. Contracts and Procurement Items (Attachment #1)

Gina Besenhofer, System Director of Supply Chain Management, provided an overview of the requests presented for the Committee's consideration. The Committee reviewed and discussed the requests.

III. Action Items

B. Contracts and Procurement Items (continued)

With regard to request number 1, Ms. Besenhofer stated that this request will allow for additional time to evaluate automation, as well as to potentially look at strategic sourcing through a Request for Proposals (RFP) process of combining the System's drug wholesaler responsibilities and needs along with its medical/surgical needs. These are things that the administration is going to be looking at in terms of how it will be doing sourcing moving forward, but a little bit more time is needed. With regard to what the strategy should be, automation is continually changing within the pharmaceutical market, as well as on the medical/surgical supply side; the vendors continue to come up with new technologies and new ways of doing things, to allow the System to be able to better manage its drugs and supplies, and the costs associated with them. The administration needs to make sure that they are looking at the latest and greatest, but also, that which will integrate appropriately with all of the systems that the System has currently invested in. Ms. Besenhofer noted that the contract increase is in a not-to-exceed amount; the intent is to look at this now, and if the administration finds that there is a solution that is able to be implemented sooner, that will be done and the changes will be made accordingly.

With regard to request number 2, Board Chairman Carvalho stated that Susan Greene & Associates (SGA) has been integral to getting to the System to its current position with regard to CountyCare. He stated that he was pleased to see that Ms. Greene and her staff will continue to be helping the System; he asked for further information regarding how their role will change. It was noted that there are a total seven (7) persons from SGA whose services are provided as part of this contract amendment.

Dr. Ram Raju, Chief Executive Officer, stated that SGA was brought into the System to execute and implement CountyCare. He stated that the System is doing very well with CountyCare; as of last week, more than 76,000 applications have been collected. It has always been the intention that the System would bring in these jobs internally; the new System Director of Managed Care will be joining the System shortly. He stated that he has asked SGA to do three things during this extension. Ms. Greene will need to transfer the knowledge to the new incoming people, so she can transition out; hopefully in a month or so she will transition out of the CountyCare part of it. Meanwhile she will assist with two things. First, patient access continues to be an issue – the administration needs to make sure the people who are enrolled in CountyCare are able to get in for care in a timely fashion, so Ms. Greene is working with Dr. John Jay Shannon, Chief of Clinical Integration, and Debra Carey, Chief Operating Officer of Outpatient Services, to improve access. The administration is also in the process of finding a status for CountyCare, because that Demonstration Project is set to end on December 31st; Ms. Greene has a deep knowledge of how the system works, so he has asked her to concentrate on that. Additionally, the administration may need to think about some of the managed care functions that the System does not have internally today.

Director Butler, seconded by Board Chairman Carvalho, moved the approval of request numbers 1 through 3. THE MOTION CARRIED UNANIMOUSLY.

III. Action Items (continued)

C. Approval of Transfer of Funds requests (Attachment #2)

Aaron Galeener, System Director of Budget, presented the item for the Committee's consideration. The Committee reviewed and discussed the matter.

Mr. Galeener provided an overview of the funds transfer process. He stated that, by County Ordinance, fund transfers over the amount of \$10,000 require approval by the System Board. He noted that the actual processing of the transfer takes place at the County by their staff, and added that it must be a budget neutral transaction. If the transaction is under \$10,000, it requires internal System approval; following that, the County Budget Director has to agree to process the transfer.

Director Butler, seconded by Board Chairman Carvalho, moved the approval of the request to transfer funds. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections III and IV

IV. Recommendations, Discussion/Information Item

A. Update on Section 1115 Medicaid Waiver Demonstration Project/CountyCare (Attachment #3)

Susan Greene, System Interim Director of Managed Care, provided an update on the Section 1115 Medicaid Waiver Demonstration Project/CountyCare. She stated that as of Friday, 78,000 applications have been initiated; of that total, 4,400 have been initiated from Cermak Health Services of Cook County.

Approximately 550 applications are submitted to the Illinois Department of Human Services (DHS) per day; to date, the System has submitted over 50,000 applications to DHS. Of that number, 30% of those applications were submitted by Federally Qualified Health Centers (FQHCs); the remainder of the applications were submitted by System application assisters. The approval rate is at approximately 86-89%. She noted that there are approximately 25,000 applications that are backlogged at the State. They are processing approximately 375 applications per day. They are now fully staffed, with 103 processors on campus; she expects that the number of applications processed per day will increase now that they are fully staffed.

V. Report from System Director of Supply Chain Management (Attachment #4)

A. Report of emergency purchases

B. Report of procurement and non-procurement matters for FY2013 – 2nd Quarter

Ms. Besenhofer presented the Report of Emergency Purchases and Report of Procurement and Non-Procurement Matters for FY2013-2nd Quarter. The Committee reviewed the information.

VI. Report from Chief Financial Officer (Attachment #5)

A. Financial Reports – through June 2013 (Attachment #6)

Mr. Galeener provided an update on the FY2014 budget timeline and plans. He stated that they have begun to evaluate needs and have been meeting with each of the areas internally over the past few weeks. Discussions have begun to be held with representatives from the President's Office and the County's Budget Office. While those discussions are still on-going, they are hoping to finalize the System's budget and reach agreement by early to mid-August; while they are still evaluating, they are expecting to be able to have a budget prepared to present to the System Board in August.

Board Chairman Carvalho stated that what the System Board adopts goes to the County Board for approval; following that, the President needs that to include in her budget, and she needs to submit her budget by a certain date in order for the County Board to consider her overall budget. All of this is necessary to meet the President's goal of adopting the budget before the fiscal year starts December 1st.

Board Chairman Carvalho indicated that, in the context of the last several years, often through no fault of the System, this Board has been asked to see a budget for the first time in one week and adopt it the next week; he asked for additional information on the plans for when the administration anticipates that the budget will be presented to the System Board for review and subsequent adoption. Mr. Galeener responded that there is still a bit of uncertainty around the timeline of this. By Ordinance, the System is required to provide a budget 45 days before the President introduces her budget to the County Board. Until they set a date certain, the System does not have a date certain. Mr. Galeener stated that the administration is hoping to provide the Board with much more of an opportunity to review it before being asked to approve it.

John Cookinham, System Chief Financial Officer, presented his report, and reviewed the information contained in it. The Committee discussed the information, including the following subjects: electronic resource planning (ERP) system; Bad Debt; and Days of Revenue Outstanding.

For future presentations, Board Chairman Carvalho requested that staff include more history and elaborate a bit more on subjects on which they are reporting; this will assist in providing a more comprehensive set of information for the new Directors.

During the discussion of the information regarding Days of Revenue Outstanding, Board Chairman Carvalho inquired whether the System can track this separately by payer. Mr. Cookinham responded affirmatively.

Mr. Oder noted that it would be helpful, from the public's perspective, if some of the accounting policies that help explain the financial reports were provided as part of the reports – he indicated that there were portions of the reports that appeared to be based on an accrual basis and parts that appeared to be based on a cash basis.

Following further discussion on the financial reports, it was determined that the Comprehensive Annual Financial Report (CAFR) for the year ended November 30, 2012 will be forwarded to the Committee Members for their information¹.

VII. Adjourn

As the agenda was exhausted, Acting Chairman Ramirez declared the meeting
ADJOURNED.

Respectfully submitted,
Finance Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXX
Jorge Ramirez, Acting Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

¹ Follow-up: Comprehensive Annual Financial Report (CAFR) for the year ended November 30, 2012 will be forwarded to the Committee Members for their information. Page 4.

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
July 19, 2013

ATTACHMENT #1

COOK COUNTY HEALTH AND HOSPITALS SYSTEM

ITEM III(B)

JULY 19, 2013 FINANCE COMMITTEE MEETING

CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal Impact	Affiliate / System	Begins on Page #
Extend and Increase Contracts					
1	AmeriSourceBergen Drug Corporation	Product and Service - drug wholesaler	\$70,000,000.00	System	2
2	Susan Greene and Associates	Service - consulting service for Office of Managed Care	\$698,550.00	System	4
3	Smith Medical Partners, LLC	Product - medication purchase	\$540,000.00	System	7

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

Handwritten signature 07/

SPONSOR: Rhonda Yates, System Director of Pharmacy <i>Ry</i>		EXECUTIVE SPONSOR: John Jay Shannon, M.D., Chief of Clinical Integration/Interim Executive Director of Clinical Shared Services	
DATE: 06/11/2013	PRODUCT / SERVICE: Product and Service – Drug Wholesaler		
TYPE OF REQUEST: Extend and Increase Contract	VENDOR / SUPPLIER: AmeriSourceBergen Drug Corporation, Valley Forge, PA		
ACCOUNT 890-361 CCHHS	FISCAL IMPACT: \$70,000,000.00	GRANT FUNDED RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 08/01/2013 through 11/30/2014		CONTRACT NUMBER: 09-25-060	
COMPETITIVE SELECTION METHODOLOGY: RFP			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source/Preferred Provider			

CONTRACT HISTORY:

The AmeriSourceBergen Drug Corporation currently provides pharmaceutical wholesaler services for the Cook County Health and Hospitals System (CCHHS). The existing contract was approved by the CCHHS Board on 02/26/2010 in the amount of \$225,000,000.00 for a 36 month period from 08/01/2010 thru 07/31/2013.

NEW PROPOSAL JUSTIFICATION:

This request is to extend the existing AmeriSourceBergen drug wholesaler contract to allow time for a pharmacy automation services review. After the automation services review is completed, CCHHS will utilize the resulting automation plan to determine which drug wholesaler will best meet the needs of the health system.

TERMS OF REQUEST:

This is a request to extend and increase contract number 09-25-060 in the amount \$70,000,000.00 for a period of 15 months from 08/01/2013 through 11/30/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

ATTACHMENTS

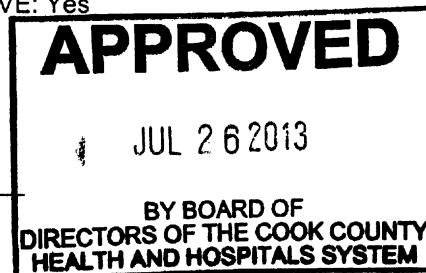
BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Yes

CCHHS CBO: *Anthony Rajkumar*
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: *John Cookinham*
John Cookinham, Chief Financial Officer

CCHHS CEO: *Ram Raju*
Ram Raju, M.D., Chief Executive Officer



Request #
1

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• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein
CORE Center •

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17th District

OFFICE OF CONTRACT COMPLIANCE

JACQUELINE GOMEZ

DIRECTOR

118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

July 15, 2013

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: 09-25-060 / Extend and Increase
Commodity: Service – Pharmaceutical Prime Vendor Services
Department: Pharmacy - CCHHS
Term: 08/01/13 – 11/30/14

Dear Ms. Besenhofer:

The following bid for the above-referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive.

Vendor: AmerisourceBergen Drug Corporation, Chesterbrook, PA
Increase Amount: \$ 70,000,000.00
Original Amount: \$225,000,000.00
New Contract Amount: \$295,000,000.00

M/WBE	MBE	WBE	Certifying Agency
Safe Couriers and Delivery Services, Inc., Lombard, IL	4.29% Direct		Cook County - MBE (8)
Action Bag Company, Bensenville, IL		1.43% Direct	City of Chicago - WBE (7)
Medina Lawncare, Chicago, IL	0.03% Indirect		Cook County - MBE (9)
Quality and Excellence, Inc., Calumet City, IL	0.01% Indirect		Cook County - MBE (6)
Total:	4.33%	1.43%	

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other vendors are being recommended for award.

Sincerely,

Jacqueline Gomez
Contract Compliance Director

JG/lar

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Cook County Health & Hospitals System

REVISED

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Ram Raju, M.D., Chief Executive Officer	
DATE: 02/07/2013-07/08/2013		PRODUCT / SERVICE: Service - Consulting Services for Office of Managed Care	
TYPE OF REQUEST: Extend and Increase Contract		VENDOR / SUPPLIER: Susan Greene and Associates, Evanston, IL	
ACCOUNT: 890-260 CCHHS	FISCAL IMPACT: \$698,550.00	GRANT FUNDED / RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 08/01/2013 thru 11/30/2013		CONTRACT NUMBER: H12-25-080	
COMPETITIVE SELECTION METHODOLOGY:			
X NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source/Preferred Provider			

PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System Board of Directors approved contract number H12-25-080 on 09/05/2012 in the amount of ~~\$799,690.00~~ **\$799,400.00**. Under the initial contract Susan Greene and Associates (SGA) has provided consulting services and staffing for the Office of Managed Care established to begin preparations for Health Reform and to set up the infrastructure that will be required to implement and administer the 1115 Waiver Demonstration Project (CountyCare Program). **An amendment in the amount of \$540,000.00 for the period from 03/05/2013 thru 05/31/2013 was approved by the Board on 02/28/2013. Supply Chain Management approved an amendment to extend the contract for a period from 06/01/2013 thru 07/31/2013 and an increase in the amount of \$110,000.00.** Susan Greene has served in the role of Interim Director, and through this contract has provided highly qualified staff to work with CCHHS staff.

NEW PROPOSAL JUSTIFICATION:

~~This request is to extend and increase this contract to reflect the higher level of staffing that has gradually been achieved and is currently in place within the CCHHS Office of Managed Care. This request also includes additional funding to SGA for continued organizational analysis and documentation support to enhance patient access for County Care members. Management recommends a transitional period of consulting services will also be necessary and in the best interest.~~ **This request is to extend and increase the contract to reflect the continued support in the development of the infrastructure to operate County Care, organizing the delivery of care emphasizing continuity, building relationships with the providers to assure coordination at all levels of care, and realignment of financial incentives to promote quality and efficiency rather than volume. This amendment will increase the total contract amount payable to \$2,147,950.00.**

TERMS OF REQUEST:

This is a request to extend and increase contract number H12-25-080 in the amount not to exceed \$698,550.00 for the period from 08/01/2013 thru 11/30/2013.

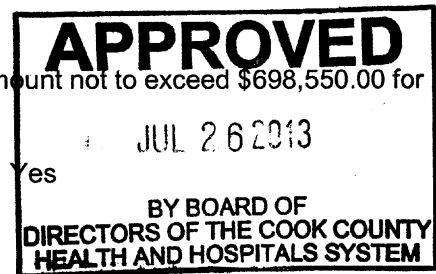
CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE?

Yes

ATTACHMENTS

BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Yes



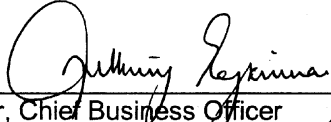
Request #
2


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DATE: 02/07/2013-07/08/2013		PRODUCT / SERVICE: Service - Consulting Services for Office of Managed Care	
TYPE OF REQUEST: Extend and Increase Contract		VENDOR / SUPPLIER: Susan Greene and Associates, Evanston, IL	
ACCOUNT: 890-260 CCHHS	FISCAL IMPACT: \$698,550.00	GRANT FUNDED / RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 08/01/2013 thru 11/30/2013		CONTRACT NUMBER: H12-25-080	

CCHHS CBO: 
Anthony Rajkumar, Chief Business Officer

CCHHS CCI: 
John Jay Shannon, M.D., Chief of Clinical Integration /
Interim Executive Director, Clinical Shared Services

CCHHS CFO: 
John Cookinham, Chief Financial Officer

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17th District

July 12, 2013

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: H12-25-080 / Extend and Increase
Commodity: Service – Professional Services for 1115 Waiver Demonstration Project
Department: Pharmacy - CCHHS
Term: 08/01/13 – 11/30/13

Dear Ms. Besenhofer:

The following bid for the above-referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive.

Vendor: Susan Greene & Associates, Evanston, IL
Increase Amount: \$ 698,550.00
Original Amount: \$1,339,400.00
New Contract Amount: \$2,037,950.00

M/WBE	WBE	Certifying Agency
Susan Greene & Associates, Evanston, IL	100% Direct	Cook County - WBE (7)
Total:	100%	

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other vendors are being recommended for award.

Sincerely,


Jacqueline Gomez
Contract Compliance Director

JG/lar

Cook County Health & Hospitals System

AS AMENDED BOARD APPROVAL REQUEST



SPONSOR: Rhonda Yates, System Director of Pharmacy 		EXECUTIVE SPONSOR: John Jay Shannon, M.D., Chief of Clinical Integration / Interim Executive Director of Clinical Shared Services	
DATE: 07/08/2013		PRODUCT / SERVICE: Product – Medication Purchase	
TYPE OF REQUEST: Extend and Increase		VENDOR / SUPPLIER: Smith Medical Partners, LLC, Wood Dale, IL	
ACCOUNT 890-361 CCHHS	FISCAL IMPACT: \$540,000.00	GRANT FUNDED / RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 08/01/2013 thru 07/31/2015		CONTRACT NUMBER: H12-25-0045	
COMPETITIVE SELECTION METHODOLOGY:			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source			

PRIOR CONTRACT HISTORY:

This contract was initially approved by Cook County Health and Hospitals System (CCHHS) Supply Chain Management in the maximum amount of \$65,070.00 for the contract period beginning on 09/07/2012 and ending on 09/06/2013. An Amendment was executed by Supply Chain Management effective 02/22/2013 to increase the contract by \$59,000.000. The increase was needed due to the increased demand from the patient population. The maximum amount payable under the contract after the amendment was \$124,070.00.

NEW PROPOSAL JUSTIFICATION:

The Cook County Health and Hospitals System purchase the medication Mifeprex to support the Family Planning Clinics. This medication is not available through our primary drug wholesaler and must be purchased as a direct order from the drug manufacturer.

TERMS OF REQUEST:

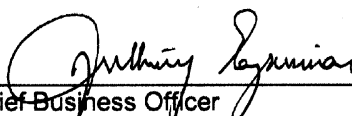
This is a request to extend and increase contract number H12-25-0045 in the amount of \$540,000.00 for a period of 24 months from 08/01/2013 thru 07/31/~~2016~~**2015**

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

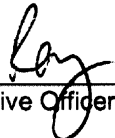
ATTACHMENTS

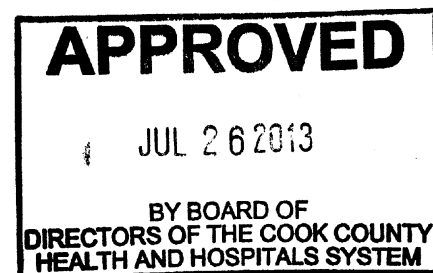
BID TABULATIONS: N/A

CONTRACT COMPLIANCE MEMO: Yes

CCHHS CBO: 
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: 
John Cookinham, Chief Financial Officer

CCHHS CEO: 
Ram Raju, M.D., Chief Executive Officer



Request #
3

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DIRECTOR

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17th District

July 15, 2013

Ms. Gina Besenhofer
System Director Supply Chain Management
Cook County Health & Hospitals System
1900 W. Polk Street
Chicago, Illinois 60612

Re: Contract No.: H12-25-0045 / Sole Source / Preferred Provider
Commodity: Product, Mifeprex Pharmaceuticals
Department: Pharmacy
Term: 08/01/13 – 07/31/15

Dear Ms. Besenhofer:

The following bid for the above referenced contract has been reviewed for compliance with the General Conditions regarding the Minority and Women Owned Business Enterprises Ordinance and has been found to be responsive to the MBE/WBE goals of 35% participation.

Vendor: Smith Medical Partners, LLC, Wood Dale, IL
Amount: \$540,000.00 (Increase)
New Amount: \$664,070.00

Waiver Granted: Lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract. Currently, there are no certified MBE/WBE firms in the Cook County Marketplace to provide this pharmaceutical. Smith Medical Partners, LLC is the sole distributor of Mifeprex in the United States.

The Office of Contract Compliance has been advised by CCHHS Purchasing that no other vendors are being recommended for award.

Sincerely,

Jacqueline Gomez
Contract Compliance Director

JG/lar

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle • President
Cook County Board of Commissioners

David Carvalho • Chairman
Cook County Health & Hospitals System Board

Jorge Ramirez • Vice Chairman
Cook County Health & Hospitals System Board

Sam Raju MD, MBA, FACS, FACHE • CEO
Cook County Health & Hospitals System



CCHHS

Health & Hospitals System Board Members

Commissioner Jerry Butler
Quin R. Golden
Edward L. Michael
Rev. Calvin S. Morris, PhD
Luis Muñoz, MD
Heather E. O'Donnell
Carmen Velasquez
Dorene P. Wiese, EdD

July 17, 2013

To: Deborah Santana, Secretary to the Board
Cook County Health and Hospitals System

From: Gina Besenhofer, Director, Supply Chain Management
Cook County Health and Hospitals System

A handwritten signature in black ink, appearing to be "GB", is written over the "From:" line.

Re: Correction Memo
Smith Medical Partners, LLC
Medication Purchase
H12-25-0045

The Board Approval Request for contract number H12-25-0045 will be presented to the Board of Directors of Cook County Health and Hospitals System on July 26, 2013. The Terms of Request has an incorrect date.

Request #3 should read:

TERMS OF REQUEST:

This is a request to extend and increase contract number H12-25-0045 in the amount of \$540,000.00 for a period of 24 months from 08/01/2013 thru 07/31/2015.

If additional information is needed, please feel free to contact me.

Thank you.

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
July 19, 2013

ATTACHMENT #2

Cook County Health and Hospitals System
Transfer of Funds
FY 2013

TOTAL TRANSFER FROM

\$ 1,241,800

TOTAL TRANSFER TO

\$ 1,241,800

Dept./Desc: (890 - Pharmacy Administration)

Business Unit-Old & New Fund/Budget Account Desc:
(8900505-260/520830-Professional & Mgrl Ser)

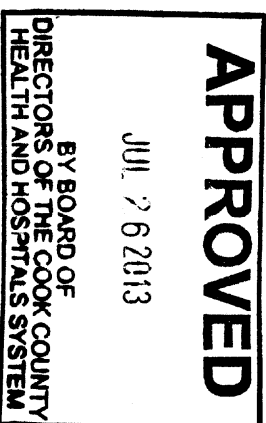
1,241,800
Total Transfer \$ 1,241,800

Business Unit-Old & New Fund/Budget Account Desc:
(8900505-275/521120-Registry Services)

1,241,800
\$ 1,241,800

The expenditures are lower than expected due to new software which eliminated the need for services previously provided by a vendor.

Additional funds are needed for Registry Services due to vacancies in the pharmacy department.



Cook County Health and Hospitals System
Finance Committee Meeting Minutes
July 19, 2013

ATTACHMENT #3

1115 Status Update

	Enrollment	
	Initiated Application Target	YTD Initiated Applications
November	1,000	0
December	4,000	2,847
January	9,000	7,763
February	16,000	16,670
March	25,000	35,301
April	35,000	46,804
May	46,000	60,810
June	57,500	72,031
July	69,000	77,995
August	80,500	0
September	92,000	0
October	103,500	0
November	115,000	0
December	115,000	0

	Revenue	
	PMPM Gross Revenue	PMPM Expenditures*
November	\$0	\$0
December	\$0	\$274,068
January	\$0	\$728,152
February	\$0	\$2,549,316
March	\$0	\$4,341,349
April	\$6,379,426	\$5,055,881
May	\$9,604,848	\$5,865,439
June	\$13,613,207	\$6,494,551
July	\$18,215,303	\$7,123,663
August	\$0	\$0
September	\$0	\$0
October	\$0	\$0
November	\$0	\$0
December	\$0	\$0

Total Waiver Period

\$47,812,784

\$32,432,419

*July expenditures are estimated, prior months include \$4.5 million of IBNR (incurred but not reported)

**PMPM Expenditures include an estimated \$17,933,024 (71%) of internal costs of serving patients at CCHHS

	FY 2013 Budget	Gross Revenue*	Net Revenue*
December	\$0	\$0	\$0
January	\$0	\$0	\$0
February	\$0	\$658,422	\$324,141
March	\$0	\$1,186,306	\$590,007
April	\$3,189,713	\$8,691,628	\$4,328,010
May	\$19,393,720	\$13,398,326	\$6,675,170
June	\$20,348,036	\$18,075,656	\$9,003,467
July**	\$23,914,720	\$18,215,303	\$9,107,652
August	\$27,380,820	\$0	\$0
September	\$30,746,336	\$0	\$0
October	\$34,313,020	\$0	\$0
November	\$37,678,535	\$0	\$0
Total	\$196,964,900	\$60,225,641	\$30,028,446

*Includes PMPM, Retro Fee for Service and Administrative Reimbursement

**July includes PMPM payment only

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
July 19, 2013

ATTACHMENT #4

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle • President
Cook County Board of Commissioners

David Carvalho • Chairman
Cook County Health & Hospitals System Board

Jorge Ramirez • Vice Chairman
Cook County Health & Hospitals System Board

Ram Raju MD, MBA, FACS, FACHE • CEO
Cook County Health & Hospitals System



CCHHS

Health & Hospitals System Board Members

Commissioner Jerry Butler
Quin R. Golden
Edward L. Michael
Rev. Calvin S. Morris, PhD
Luis Muñoz, MD
Heather E. O'Donnell
Carmen Velasquez
Dorene P. Wiese, EdD

June 25, 2013

To: David Carvalho
Chairman, Board of directors
Cook County Health & Hospitals System

Heather E. O'Donnell
Chairman, Finance Committee
Cook County Health & Hospitals System

From: Regina M. Besenhofer, Director Supply Chain Management
Cook County Health and Hospitals System

Re: Emergency Purchase

CCHHS has placed an emergency order. This memo serves as notification, as required in Section 2.8 of the CCHHS Procurement Policy adopted by the Board on April 9, 2009.

This purchase was necessitated due to the bankruptcy filed by the contracted shuttle service.

If you have any questions or concerns, please feel free to contact me at gbesenhofer@cookcountyhhs.org or 312-864-4798.

Ref	Vendor	Dates of Service	Supply/Service	Amount
1	J Maher Enterprises	6/19/2013 – 9/30/2013	Shuttle bus service between Juvenile Detention Center garage and Stroger Hospital	\$113,167.69

c: Ram Raju, M.D., Chief Executive Officer
Anthony Rajkumar, Chief Business Officer

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle • President
Cook County Board of Commissioners

David Carvalho • Chairman
Cook County Health & Hospitals System Board

Jorge Ramirez • Vice Chairman
Cook County Health & Hospitals System Board

Ram Raju MD, MBA, FACS, FACHE • CEO
Cook County Health & Hospitals System



CCHHS

Health & Hospitals System Board Members

Commissioner Jerry Butler
Quin R. Golden
Edward L. Michael
Rev. Calvin S. Morris, PhD
Luis Muñoz, MD
Heather E. O'Donnell
Carmen Velasquez
Dorene P. Wiese, EdD

June 24, 2013

To: **David Carvalho**
Chairman, Board of directors
Cook County Health & Hospitals System

Heather E. O'Donnell
Chairman, Finance Committee
Cook County Health & Hospitals System

From: **Regina M. Besenhofer**, Director Supply Chain Management
Cook County Health and Hospitals System

Re: **Emergency Purchases**

CCHHS has placed two emergency orders. This memo serves as notification, as required in Section 2.8 of the CCHHS Procurement Policy adopted by the Board on April 9, 2009.

These purchases were funded by the downtown budget department for the 600 South Hoyne building addition and the Managed Care build out required in support of the 1115 Waiver project.

If you have any questions or concerns, please feel free to contact me at gbesenhofer@cookcountyhhs.org or 312-864-4798.

Ref	Vendor	Date of Service	Supply/Service	Amount
1	More Direct	One time purchase	PC's monitors, printers and cable for Hoyne building addition	\$84,187.40
2	More Direct	One time purchase	PC's, monitors, printers, cable, laptops and docks for Managed Care build out	\$59,020.84

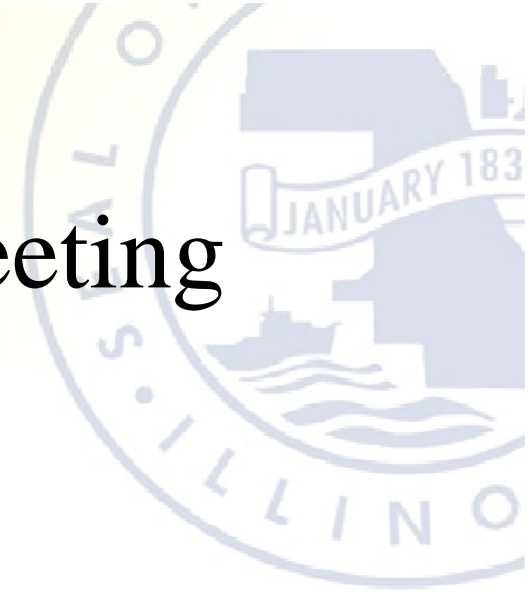
c: **Ram Raju, M.D.**, Chief Executive Officer
Anthony Rajkumar, Chief Business Officer

Purchased Under the Authority of the Chief Executive Officer
March 2013 - May 2013

Vendor	Contract	Supplies/Services	Value	Purpose
Anderson Pest Solutions	H13-28-0040	Services; pest control	\$ 90,336.00	Original PO
Pharmacy Consulting Services	H13-25-0043	Services, professional	\$ 33,400.00	Original PO
Radiology Imaging Consultants	H13-25-0046	Service; mammogram detection	\$ 39,500.00	Original PO
Athena Diagnostic Inc	H12-73-0119	Services, genetic testing	\$ 40,000.00	Original PO
Anchor Mechanical	H13-28-0030	Service/supply, sheet metal	\$ 42,700.00	Original PO
Nellcor Puritan Bennett Inc	H13-28-0002	Services, L&S clinivision	\$ 43,714.80	Original PO
UpToDate Inc	H12-25-0048	Subscription, on-line clinical info	\$ 49,690.00	Original PO
Clark Mosquito Control	H13-25-0045	Service, mosquito control	\$ 66,950.00	Grant Funded
Public Communications Inc	H13-25-0019	Services, County Care 1115	\$ 149,500.00	Original PO
Medical Image Enhancement	H12-76-0130	Equipment, ultrasound	\$ 45,000.00	Capital PO
Zoll Medical Corp	H12-76-0120	Equipment, defibrillators	\$ 111,662.80	Capital PO
Zoll Medical Corp	H12-76-0120	Equipment, defibrillators	\$ 10,794.10	Capital PO
Boston Scientific Corp	H12-76-0097	Equipment, spyglass endo	\$ 44,255.00	Capital PO
Mizuho America Co	H12-76-0030	Equipment, spinal table	\$ 117,774.29	Capital PO
Arjohuntleigh, Inc	H13-76-0034	Equipment, patient safe handling	\$ 98,725.47	Capital PO
MoreDirect Inc	H13-76-0032	Equipment, CISCO smartnet	\$ 69,350.00	Capital PO
Alere North America Inc	H12-76-0031	Equipment, RALS freedom test	\$ 147,564.00	Capital PO
GE Medical Systems Information	H12-76-0083	Equipment, EKG machines	\$ 118,653.00	Capital PO

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
July 19, 2013

ATTACHMENT #5



Finance Committee Meeting

July 19, 2013

Report of the Chief Financial Officer

CCHHS

Financial Reporting

- The CCHHS budget is prepared on a cash basis. When the budget is approved by the CCHHS Board and adopted by the Cook County Board it is loaded in the JDE ERP system.
- JDE is the official statement of appropriations, expenditures, encumbrances, and unencumbered balances for the fiscal year.
- Each month the County Comptroller's office produces an Appropriation Trial Balance.

Financial Reporting

- The Appropriation Trial Balance provides a summary by department group. The information provided is as follows:
 - a. Description of the appropriation
 - b. The amount of the appropriation
 - c. Expenditures year to date
 - d. Encumbrances
 - e. Total of expenditures and encumbrances
 - f. % of expended appropriation
 - g. Unencumbered balances
 - h. Pre encumbrances
 - i. Total of expenditures, encumbrances, and pre-encumbrances
 - j. % of expended appropriation
 - k. Unencumbered balance

Financial Reporting

4

Financial Statements

- The Appropriation Trial Balance does not include the Capital Budget.
- The Appropriation Trial Balance does not contain any debts or debt service information. All of the Capital Budget and the related debts are the obligations of the County.
- The Appropriation Trial Balance does not include the budget for the pension. The employer contributions for the employee pension are made by the County.

Financial Reporting

- CCHHS prepares its monthly financial statements on an accrual basis. This presentation attempts to match the expenses with the when the revenue of the system is earned.
- CCHHS includes in its statements an estimate for depreciation.
- CCHHS includes in its statements the County provided pension funding as both as non-operating revenue and employee benefit expense.
- CCHHS includes in its statements an estimate of the insurance expense that covers the amount to be paid in the period along with an estimate of additional amounts that will be paid as claims are settled.

Financial Reporting

- CCHHS prepares two separate financial reports. One report provides operational information and the second report provides traditional financial statements prepared on an accrual basis. In the accrual financial report there are the following.
- **Beginning on page 5** – Management provides its discussion and analysis of the financial information.
- **On page 8** – The charity care discounts are reported each month. It must be remembered that CCHHS also provides a similar amount of patient care that is never collected and becomes a bad debt.
- **On page 10** – The patient accounts receivable is reported in dollars and days of revenue outstanding. This information provides information on the success of collecting patient fees.
- **On page 11 and 12** – A combining balance sheet is presented.
- **On page 13** – An accrual basis income statement is presented.

Financial Reporting

- In addition to the traditional financial statements CCHHS provides the Board each month a report with additional information to help to understand the activities of the System. This report includes:
- **On page 3** - A Cash Collections report. This report compares the cash collections to the budget for the period and YTD.
- **On page 4** – A pie graph showing the source of patient fees.
- **On page 5** – a pie graph showing the source of all cash receipts.
- **On page 6** – a comparison of the budgeted cost of an adjusted patient day and the actual cost of an adjusted patient day
- **On pages 7, 8, & 9** – a comparison of the payer mix of patients based on charges using a bar graph format.
- **On pages 10, 11, & 13** – statistical reports for the current period as well as YTD. The statistics include admissions, patient days, alos, clinic visits, and emergency room visits.
- **On page 14** – A report for both inpatient facilities of the top ten DRG's for patients admitted to both facilities. This information also includes the average length of stay and the case mix index.

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
July 19, 2013

ATTACHMENT #6

Cook County Health and Hospitals System

Financial Statements

Year To Date June 30, 2013

As of July 15, 2013

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COOK COUNTY HEALTH & HOSPITALS SYSTEM

MISSION STATEMENT

The Cook County Health and Hospitals System will deliver integrated health services with dignity and respect regardless of a patient's ability to pay; and,

Foster partnerships with other health providers and communities to enhance the health of the public; and,

Advocate for policies, which promote and protect the physical, mental and social well being of the people of Cook County.

Board of Directors
Cook County Health and Hospitals System

The accompanying financial statements of Cook County Health and Hospitals System and the related Management's Discussion and Analysis for the month ended June 30, 2013 have been prepared by Management who is responsible for their presentation and disclosure. The statements have not been compiled, reviewed or audited by independent accountants.

CCHHS maintains an internal control structure designed to provide reasonable assurance that assets are safeguarded and that transactions are properly executed, recorded and summarized to produce reliable records and reports,

To the best of Management's knowledge and belief the statements were prepared in conformity with generally accepted accounting principles and governmental accounting standards using the accrual basis of accounting and are based on recorded transactions and Management's best estimates and judgment.

John Cookinham, Chief Financial Officer _____

Dorothy M. Loving, Executive Director of Finance _____

MANAGEMENT'S DISCUSSION AND ANALYSIS

INTRODUCTION

This discussion and analysis provides the readers of the monthly unaudited financial statements of the Cook County Health and Hospital System (CCHHS) with an overview of the financial activities for the month ended June 30, 2013. This discussion focuses on the significant financial issues and major financial activities during the current month. It should be read in conjunction with the accompanying financial statements of the CCHHS.

The CCHHS includes the following entities: John H. Stroger Jr. Hospital (JSH), Oak Forest Health Center (OFC) Provident Hospital (PHCC), the Department of Public Health (DPH), the Ambulatory and Community Health Network (ACHN), the Bureau of Health Services (BHS), CORE Center (for reporting purposes part of Stroger Hospital), and Cermak Health Services (CHS). Starting this fiscal year 2013, we have added the 1115 Waiver. Collectively, these entities provide primary, intermediate, acute, and tertiary medical care to patients, without regard to their ability to pay. The Bureau of Health Services oversees the operational, planning, and policy activities of the CCHHS.

The CCHHS is included in the reporting entity of the Cook County, Illinois, as an enterprise fund. As an enterprise fund, the CCHHS' financial statements are prepared using proprietary fund accounting that focuses on the determination of changes in net assets, financial position, and cash flows in a manner similar to private sector businesses. The financial statements are prepared on an accrual basis of accounting, which recognizes revenue when earned and expenses when incurred.

In 2008 the Cook County Health and Hospital System Board was created by the Cook County Board of Commissioners to provide independent oversight of health care operations, and in 2010 the Cook County Board of Commissioners voted to make the Cook County Health and Hospital System Board permanent.

In 2010 the Cook County Health and Hospital System Board and the Cook County Board of Commissioners approved Vision 2015 Strategic Plan, which outlines, over five years, restructuring CCHHS to deliver the best possible care for the vulnerable population of Cook County within the constraints of dollar resources available to the health system. This plan seeks to better allocate resources.

In 2012 the Cook County Health and Hospitals System and Cook County Board Officials collaborated to cut Medicaid costs, help county taxpayers, and transform Cook County's hospital system by jump-starting national health care reform in Cook County. In October, 2012 the federal government approved the 1115 Medicaid Waiver for Cook County, allowing CCHHS to enroll more than 115,000 individuals who will be eligible for Medicaid in 2014 into a Cook County network with no cost to the state of Illinois.

An 1115 Waiver allows the Cook County's Health System to early enroll certain uninsured patients into Medicaid. Specifically, these are patients who are not currently

eligible for Medicaid, but who will be eligible in 2014 under the Accountable Care Act. Many of these individuals are patients who already are being treated by our system without compensation. The Waiver is funded entirely by the federal government.

FINANCIAL HIGHLIGHTS (IN THOUSANDS)

The Cook County Health and Hospitals System finished the seven months with overall revenue of \$436,522 and overall expenses was \$560,486.

Net Patient revenue for the seven months was \$244,407.

Net Patient revenue consists of all charges including automated contractual allowances and bad debt adjustments. Write-off of Bad Debt is a CCHHS Board approved policy.

EHR incentive program revenue was \$6,577.

Other revenue was \$3,461. Other revenue consists primarily of parking revenue.

Patient Accounts Receivable – BEPA System

General

As compared to November 30, 2012, Total Patient Accounts Receivable at the end of June-2013 reduced by 25 to 97 days. Additionally, there was an 5 day increase in this figure, as compared to the previous month's figure.

Days of Revenue Outstanding measures the average number of days charges remain in accounts receivable after service has been rendered before collection activities have been completed, including charity care and bad debt write-offs. Days of Revenue Outstanding is measured in charges, not cash collections.

Days of Revenue Outstanding is a useful tool to measure collection efforts over time (i.e., whether this number is growing or decreasing). This number will be large due to the large number of Self-Pay patients CCHHS services and the processes CCHHS must complete before patient accounts are collected or written-off to bad debt. These processes include, but are not limited to, the following:

- Making an effort to attain third-party insurance coverage, including 1115 waiver and MANG applications;
- Processing charity care applications;
- Sending three (3) monthly statements before accounts are turned over to collections;
- Placing accounts bi-monthly with the collection agency; and
- Permitting patients to pay their account balances over time (time payment).

Total billed accounts grew by \$5.905M (2.0%) as compared to the November-2012 balance. As compared to the previous month, this figure increased by \$15.009M (5.3%). The growth in this figure indicates a decreasing number of accounts are completing the collection process, which includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based upon the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Inpatient Accounts Receivable – BEPA System

Discharged Not Final Billed

Inpatient discharged but not final billed accounts at the end of June-2013 increased by \$2.661M (30.2%), as compared the November 30, 2012 balance and decreased by \$0.480M (-4.0%), as compared to the previous month's balance. This indicates that more inpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based upon the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Billed Inpatient Accounts

Billed inpatient accounts at the end of June-2013 increased by \$5.673M (3.6%) as compared to the November 30, 2012 balance. This figure grew by \$5.594M (3.6%) compared to the previous month's total.

The increase in this number indicates fewer accounts had the collection process completed than in the previous month and that a lower number of accounts are being removed from active accounts receivable. CCHHS' collection process includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based up on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Outpatient Accounts Receivable – BEPA System

Unbilled Outpatient Accounts

The balance of unbilled outpatient accounts decreased by \$5.285M (-30.5%) by the end of June-2013, as compared to the level of unbilled accounts as of November 30, 2012. This balance, as of the end of this month, was \$3.123M (-20.6%) smaller than the previous month's balance. This indicates that more outpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid's and Medicare's reimbursement configuration.

Billed Outpatient Accounts

The billed outpatient accounts receivable at the end of June-2013 grew by \$0.232M (0.2%), as compared to the balance as of November 30, 2012. This figure is \$9.415M (7.3%) greater than last month's figure.

The growth in this figure indicates that fewer Out-Patient accounts had their collection and write-off related activities completed, as compared to the prior month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid and Medicare's reimbursement configuration and to charity care and bad debt write-offs.

Carelink Program Activities (Charity Care)

The volume and dollar amounts written-off to charity care are as follows:

	Number of Accounts for June-2013	Value of Accounts for June-2013	Cumulative Number of Accounts Through June-2013	Cumulative Value of Accounts Through June-2013
In-Patient	601	\$ 8.199M	4,230	\$ 55.687M
Out-Patient	28,765	\$ 11.604M	213,485	\$ 106.480M
Totals	29,366	\$ 19.803M	217,715	\$ 162.167M

Operating Expenses at the end of seven months was \$560.486M broken down as follows:

Salaries and Wages - \$293.582M

Benefits - \$80.854M

Supplies - \$57.995M.

Purchased Services, Rental, and Other - \$96.538M

Insurance - \$6.873M.

Depreciation - \$19.805M

Utilities - \$4.840M

Nonoperating Revenue was \$181.964M. The largest portions of this are attributed to cigarette tax in the amount of \$61.311M and property tax in the amount of \$46.670M. Sales tax revenues are recognized by CCHHS when earned; this occurs when the underlying sales transactions occur. The amount recorded as *Due from State of Illinois - Sales Tax* represents the amounts earned by CCHHS, however, the cash is not yet received from the state. There is a 3 months lag from the time of the underlying sales transaction to the receipt of funds.

Taxes collected for the Health to date have been fully credited to the Health Fund except as mentioned in the previous paragraph.

OVERVIEW OF THE FINANCIAL STATEMENTS

This discussion and analysis are intended to serve as an introduction to the CCHHS financial statements. CCHHS basic monthly unaudited financial statements are comprised of fund financial statements.

A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The CCHHS, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Accounts Receivable Comparison
Cook County Health and Hospitals System
Fiscal Year 2013

Fiscal Year 2013	December-2012		January-2013		February-2013		March-2013		April-2013		May-2013		June-2013	
	BEPA		BEPA		BEPA		BEPA		BEPA		BEPA		BEPA	
Inpatient														
In-House	\$	10,694,624.53	\$	14,197,840.36	\$	17,083,585.46	\$	16,412,265.48	\$	11,795,112.59	\$	9,859,969.43	\$	13,475,435.09
Discharged Not Final Billed	\$	8,483,063.30	\$	9,622,149.26	\$	11,043,885.00	\$	9,058,452.64	\$	11,661,562.81	\$	11,966,835.57	\$	11,486,667.51
Billed	\$	153,028,241.07	\$	154,871,251.62	\$	160,358,506.05	\$	166,885,757.25	\$	176,838,728.63	\$	156,324,233.75	\$	161,918,349.18
Total Inpatient Asccounts Receivable	\$	172,205,928.90	\$	178,691,241.24	\$	188,485,976.51	\$	192,356,475.37	\$	200,295,404.03	\$	178,151,038.75	\$	186,880,451.78
Outpatient														
Unbilled	\$	18,351,510.68	\$	19,430,163.88	\$	17,924,674.17	\$	19,189,961.92	\$	21,075,425.14	\$	15,169,287.02	\$	12,046,059.44
Billed	\$	134,201,903.14	\$	123,927,492.43	\$	124,359,198.61	\$	126,829,842.41	\$	126,820,237.35	\$	129,446,089.76	\$	138,860,934.18
Total Outpatient Accounts Receivable	\$	152,553,413.82	\$	143,357,656.31	\$	142,283,872.78	\$	146,019,804.33	\$	147,895,662.49	\$	144,615,376.78	\$	150,906,993.62
Combined Inpatient and Outpatient A/R														
Unbilled	\$	37,529,198.51	\$	43,250,153.50	\$	46,052,144.63	\$	44,660,680.04	\$	44,532,100.54	\$	36,996,092.02	\$	37,008,162.04
Billed	\$	287,230,144.21	\$	278,798,744.05	\$	284,717,704.66	\$	293,715,599.66	\$	303,658,965.98	\$	285,770,323.51	\$	300,779,283.36
Total IP and OP Accounts Receivable	\$	324,759,342.72	\$	322,048,897.55	\$	330,769,849.29	\$	338,376,279.70	\$	348,191,066.52	\$	322,766,415.53	\$	337,787,445.40
Average Daily Revenue	\$	2,797,555.00	\$	2,957,056.00	\$	3,222,942.00	\$	3,416,191.00	\$	3,482,248.00	\$	3,491,792.00	\$	3,471,627.00
Days of Revenue Outstanding		116		109		103		99		100		92		97

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
June 30, 2013

	Stroger Hospital	ACHN (Clinics)	1115 Waiver	Stroger. ACHN & 1115 Waiver	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
ASSETS												
CURRENT ASSETS:												
Cash and cash equivalents:												
Cash in banks	1,472	1		1,473	32	602		2,106				2,106
Cash held by Cook Co Treas	578,381			578,381	85,760	142,194		806,335	125,928		(932,263)	
Due from working cash fund	60,540	34,607		95,147				95,147			(95,147)	
Total cash & cash equivalent	640,393	34,608		675,001	85,792	142,796		903,589	125,928		(1,027,410)	2,106
Property taxes receivable:												
Tax levy - current year	16,362	19,286		35,648	2,136	2,918	1,652	42,354	4,706			47,060
Tax levy - prior year	14,953	17,656		32,610	2,792	2,654	1,516	39,572	4,260			43,831
Total property taxes rec	31,316	36,942		68,258	4,928	5,572	3,168	81,926	8,966			90,892
Receivables:												
Patient AR-net of allowances	40,309			40,309		5,235		45,544				45,544
Third-party settlements	2,158			2,158		209		2,367				2,367
Other receivables	463	11		475	0		0	475		1		476
Due from State - sales taxes	4,089	4,505		8,594	1,212	1,973	392	12,170	1,657	3,393		17,220
Total receivables	47,020	4,516		51,536	1,212	7,417	392	60,556	1,657	3,394		65,607
Inventories	1,081			1,081	121	904		2,107		313		2,420
TOTAL CURRENT ASSETS	719,810	76,066		795,876	92,053	156,689	3,560	1,048,178	136,551	3,708	(1,027,410)	161,026
CAPITAL ASSETS:												
Depreciable assets - net	354,867	5,944		360,810	23,887	20,903	12,605	418,205	1,986	635		420,827
TOTAL ASSETS	1,074,677	82,009		1,156,686	115,940	177,593	16,165	1,466,383	138,537	4,343	(1,027,410)	581,852

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
June 30, 2013

	Stroger Hospital	ACHN (Clinics)	1115 Waiver	Stroger. ACHN & 1115 Waiver	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
LIABILITIES & NET POSITION												
CURRENT LIABILITIES:												
Due to Cook County Treasurer		106,339	7,987	114,326			843,057	957,382		70,435	(1,027,410)	407
Accounts payable	14,469	462		14,930	156	2,143	19,688	36,918	555	111		37,584
Accrued salaries, wages, & other liabilities	886	120	12	1,017	19	113	131	1,280	1	115		1,396
Compensated absences	4,186	550		4,737	76	488	567	5,868	227	397		6,493
Deferred revenue	61,871			61,871		12,627		74,498				74,498
Third-party settlements					5			5				5
Due to other co govt funds	21			21	10	5		36	7			43
Due to others	600			600	19			619				619
Interacct (payable)receivabl	30,112	113,630	778	144,520	(1,051)	38,187	(188,991)	(7,336)	2	7,334		
TOTAL CURRENT LIABILITIES	112,146	221,101	8,776	342,022	(766)	53,563	674,451	1,069,270	792	78,393	(1,027,410)	121,045
LONG-TERM LIABILITIES:												
Compensated absences	23,722	3,118		26,840	432	2,768	3,213	33,253	946	2,251		36,450
Reserve-tax objection suits	5,115	3,054		8,170	1,222	1,571	296	11,259	1,300			12,559
TOTAL LIABILITIES	140,983	227,273	8,776	377,032	887	57,902	677,961	1,113,782	3,038	80,643	(1,027,410)	170,054
NET POSITION:												
Investment in capital assets	354,867	5,944		360,810	23,887	20,903	12,605	418,205	1,986	635		420,827
Beginning balance	663,868	(246,778)	(389)	416,701	90,594	103,310	(587,952)	22,653	126,907	(54,429)		95,131
Bond depreciation	13,397	496		13,893	1,490	1,131	3,041	19,555	127	123		19,805
Excess revenue (expenses)	(98,438)	95,074	(8,387)	(11,751)	(918)	(5,654)	(89,490)	(107,813)	6,479	(22,630)		(123,964)
Ending balance	933,694	(145,264)	(8,776)	779,654	115,052	119,691	(661,796)	352,601	135,499	(76,301)		411,799
TOTAL LIABILITIES & NET POSITION	1,074,677	82,009	(0)	1,156,686	115,940	177,593	16,165	1,466,383	138,537	4,343	(1,027,410)	581,852

Cook County Health Facilities
Combining Income Statement of General Funds (Unaudited)
(In Thousands)
June 30, 2013

	Stroger Hospital	ACHN (Clinics)	1115 Waiver	Stroger. ACHN & 1115 Waiver	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Grand Total
REVENUE:											
Net patient service revenue	133,711	85,458	14,799	233,968	5	10,435		244,407			244,407
Grant revenue									113		113
EHR incentive program revenue	5,479			5,479		1,098		6,577			6,577
Other revenue	2,399	404		2,803	215	147	34	3,198	258	4	3,461
Total Revenue:	141,588	85,862	14,799	242,249	220	11,679	34	254,182	371	4	254,558
OPERATING EXPENSES:											
Salaries and wages	187,657	25,640	1,440	214,738	4,333	17,029	27,428	263,527	6,331	23,723	293,582
Employee benefits	50,001	7,352	8	57,362	2,443	5,638	7,309	72,752	2,153	5,949	80,854
Supplies	19,673	8,247	11,648	39,568	624	927	15,566	56,685	83	1,226	57,995
Purchased svcs, rental & other	31,911	3,596	10,089	45,596	1,165	5,993	42,413	95,167	543	828	96,538
Insurance expense	3,899	1,000		4,899	322	466	533	6,221	155	497	6,873
Depreciation	13,397	496		13,893	1,490	1,131	3,041	19,555	127	123	19,805
Utilities	2,894	55		2,949	575	530	772	4,827	13		4,840
TOTAL OPERATING EXPENSES	309,433	46,388	23,186	379,006	10,952	31,714	97,062	518,735	9,405	32,346	560,486
GAIN (LOSS) FROM OPERATIONS	(167,844)	39,474	(8,387)	(136,757)	(10,732)	(20,035)	(97,028)	(264,552)	(9,034)	(32,342)	(305,928)
NONOPERATING REVENUE:											
Property taxes	16,249	19,143		35,392	2,115	2,881	1,640	42,027	4,643		46,670
Sales taxes	8,544	9,412		17,957	2,531	4,122	818	25,429	3,462	7,090	35,980
Cigarette taxes	21,894	22,292		44,186	4,396	4,684	1,951	55,216	6,095		61,311
Other Tobacco Product taxes	1,257	1,323		2,580	248	259	115	3,203	352		3,556
Fire Arms taxes	36			36				36			36
Interest income	3	0		3	0	0	0	4	0	0	4
Retirement plan contribution	21,423	3,429		24,853	523	2,435	3,014	30,825	961	2,622	34,408
TOTAL NONOPERATING REVENUE	69,406	55,600		125,006	9,814	14,381	7,538	156,739	15,513	9,712	181,964
NET INCOME (LOSS)	(98,438)	95,074	(8,387)	(11,751)	(918)	(5,654)	(89,490)	(107,813)	6,479	(22,630)	(123,964)

Note: The above accounts (i.e., Inventory, Supplies Expense, etc.) affected by the implementation and installation of the Lawson Inventory/Accounts Payable module, by the Supply Chain Management group, do not have correct year-to-date balances starting the month of January 2013; related transactions are still in contention and in the process of getting management approval for posting onto the Lawson general ledger system.

Cook County Health Facilities
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date June 30, 2013

	May 31, 2013	Inc (Dec)	June 30, 2013
REVENUE:			
Net patient service revenue	189,044	55,363	244,407
Grant revenue	113		113
EHR incentive program revenue	6,577		6,577
Other revenue	2,764	697	3,461
Total Revenue	198,497	56,061	254,558
OPERATING EXPENSES:			
Salaries and wages	252,961	40,620	293,582
Employee benefits	69,881	10,973	80,854
Supplies	48,340	9,654	57,995
Purchased svs, rental & other	77,867	18,671	96,538
Insurance expense	5,901	972	6,873
Depreciation	16,976	2,829	19,805
Utilities	4,024	816	4,840
TOTAL OPERATING EXPENSES	475,951	84,535	560,486
GAIN (LOSS) FROM OPERATIONS	(277,454)	(28,474)	(305,928)
NONOPERATING REVENUE:			
Property taxes	39,992	6,678	46,670
Sales taxes	31,696	4,284	35,980
Cigarette taxes	48,669	12,643	61,311
Other tobacco product taxes	3,154	402	3,556
Fire Arms taxes		36	36
Interest income	3	0	4
Retirement plan contribution	29,492	4,915	34,408
TOTAL NONOPERATING REVENUE	153,007	28,958	181,964
NET INCOME (LOSS)	(124,447)	483	(123,964)

Stroger Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date June 30, 2013

	<u>May 31, 2013</u>	<u>Inc (Dec)</u>	<u>June 30, 2013</u>
REVENUE:			
Net patient service revenue	100,001	33,710	133,711
EHR incentive program revenue	5,479		5,479
Other revenue	1,994	405	2,399
Total Revenue	<u>107,473</u>	<u>34,115</u>	<u>141,588</u>
OPERATING EXPENSES:			
Salaries and wages	161,586	26,071	187,657
Employee benefits	43,216	6,785	50,001
Supplies	18,440	1,233	19,673
Purchased svcs, rental & other	29,887	2,025	31,911
Insurance expense	3,342	557	3,899
Depreciation	11,483	1,914	13,397
Utilities	2,376	518	2,894
TOTAL OPERATING EXPENSES	<u>270,330</u>	<u>39,103</u>	<u>309,433</u>
GAIN (LOSS) FROM OPERATIONS	<u>(162,857)</u>	<u>(4,987)</u>	<u>(167,844)</u>
NONOPERATING REVENUE:			
Property taxes	13,927	2,322	16,249
Sales taxes	7,527	1,017	8,544
Cigarette taxes	17,583	4,311	21,894
Other tobacco product taxes	1,120	137	1,257
Fire Arms taxes		36	36
Interest income	3	0	3
Retirement plan contribution	18,363	3,060	21,423
TOTAL NONOPERATING REVENUE	<u>58,522</u>	<u>10,884</u>	<u>69,406</u>
NET INCOME (LOSS)	<u>(104,335)</u>	<u>5,897</u>	<u>(98,438)</u>

Note: Cook County's Comptroller's Office has started recording Fire Arms Tax revenue in June 2013.

ACHN (Clinics)
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date June 30, 2013

	<u>May 31, 2013</u>	<u>Inc (Dec)</u>	<u>June 30, 2013</u>
REVENUE:			
Net patient service revenue	72,117	13,341	85,458
Other revenue	374	30	404
Total Revenue	<u>72,491</u>	<u>13,371</u>	<u>85,862</u>
OPERATING EXPENSES:			
Salaries and wages	22,154	3,486	25,640
Employee benefits	6,351	1,001	7,352
Supplies	7,044	1,203	8,247
Purchased svcs, rental & other	2,488	1,108	3,596
Insurance expense	858	142	1,000
Depreciation	425	71	496
Utilities	52	3	55
TOTAL OPERATING EXPENSES	<u>39,373</u>	<u>7,014</u>	<u>46,388</u>
GAIN (LOSS) FROM OPERATIONS	<u>33,118</u>	<u>6,356</u>	<u>39,474</u>
NONOPERATING REVENUE:			
Property taxes	16,406	2,737	19,143
Sales taxes	8,292	1,121	9,412
Cigarette taxes	17,209	5,083	22,292
Other tobacco product taxes	1,162	162	1,323
Interest income	0	0	0
Retirement plan contribution	2,939	490	3,429
TOTAL NONOPERATING REVENUE	<u>46,008</u>	<u>9,592</u>	<u>55,600</u>
NET INCOME (LOSS)	<u>79,126</u>	<u>15,948</u>	<u>95,074</u>

1115 Waiver
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date June 30, 2013

	<u>May 31, 2013</u>	<u>Inc (Dec)</u>	<u>June 30, 2013</u>
REVENUE:			
Net patient service revenue	<u>7,992</u>	<u>6,807</u>	<u>14,799</u>
Total Revenue	<u>7,992</u>	<u>6,807</u>	<u>14,799</u>
OPERATING EXPENSES:			
Salaries and wages	997	443	1,440
Employee benefits	8	1	8
Supplies		11,648	11,648
Purchased svcs, rental & other	<u>6,056</u>	<u>4,032</u>	<u>10,089</u>
TOTAL OPERATING EXPENSES	<u>7,062</u>	<u>16,124</u>	<u>23,186</u>
GAIN (LOSS) FROM OPERATIONS	<u>930</u>	<u>(9,318)</u>	<u>(8,387)</u>
NONOPERATING REVENUE:			
Property taxes			
Sales taxes			
Cigarette taxes			
Interest income			
Retirement plan contribution			
TOTAL NONOPERATING REVENUE			
NET INCOME (LOSS)	<u>930</u>	<u>(9,318)</u>	<u>(8,387)</u>

Note: Increase of \$11,648 in supplies expense is the result of transfers of pharmaceutical supplies from Stroger (\$5,828) and Bureau of Health (\$5,820).

Oak Forest Health Center
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date June 30, 2013

	May 31, 2013	Inc (Dec)	June 30, 2013
REVENUE:			
Net patient service revenue	5	1	5
Other revenue	186	29	215
Total Revenue	191	29	220
OPERATING EXPENSES:			
Salaries and wages	3,761	572	4,333
Employee benefits	2,098	345	2,443
Supplies	201	423	624
Purchased svcs, rental & other	737	428	1,165
Insurance expense	285	37	322
Depreciation	1,277	213	1,490
Utilities	499	76	575
TOTAL OPERATING EXPENSES	8,858	2,094	10,952
GAIN (LOSS) FROM OPERATIONS	(8,668)	(2,065)	(10,732)
NONOPERATING REVENUE:			
Property taxes	1,813	302	2,115
Sales taxes	2,230	301	2,531
Cigarette taxes	3,593	803	4,396
Other tobacco product taxes	223	26	248
Interest income	0	0	0
Retirement plan contribution	448	75	523
TOTAL NONOPERATING REVENUE	8,307	1,507	9,814
NET INCOME (LOSS)	(361)	(557)	(918)

Notes:

Patient revenue for Oak Forest are recorded in Stroger Hospital and/or Ambulatory Clinics.

Provident Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date June 30, 2013

	May 31, 2013	Inc (Dec)	June 30, 2013
REVENUE:			
Net patient service revenue	8,929	1,506	10,435
EHR incentive program revenue	1,098		1,098
Other revenue	138	8	147
Total Revenue	10,165	1,514	11,679
OPERATING EXPENSES:			
Salaries and wages	15,632	1,397	17,029
Employee benefits	4,890	748	5,638
Supplies	825	102	927
Purchased svcs, rental & other	3,697	2,296	5,993
Insurance expense	400	67	466
Depreciation	970	162	1,131
Utilities	441	89	530
TOTAL OPERATING EXPENSES	26,854	4,860	31,714
GAIN (LOSS) FROM OPERATIONS	(16,689)	(3,346)	(20,035)
NONOPERATING REVENUE:			
Property taxes	2,467	414	2,881
Sales taxes	3,631	491	4,122
Cigarette taxes	3,914	769	4,684
Other tobacco product taxes	235	24	259
Interest income	0	0	0
Retirement plan contribution	2,087	348	2,435
TOTAL NONOPERATING REVENUE	12,335	2,046	14,381
NET INCOME (LOSS)	(4,354)	(1,300)	(5,654)

Bureau of Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date June 30, 2013

	May 31, 2013	Inc (Dec)	June 30, 2013
REVENUE:			
Other revenue		34	34
Total Revenue		34	34
OPERATING EXPENSES:			
Salaries and wages	23,515	3,913	27,428
Employee benefits	6,318	992	7,309
Supplies	20,580	(5,014)	15,566
Purchased svs, rental & other	33,633	8,780	42,413
Insurance expense	457	76	533
Depreciation	2,606	434	3,041
Utilities	644	129	772
TOTAL OPERATING EXPENSES	87,752	9,310	97,062
GAIN (LOSS) FROM OPERATIONS	(87,752)	(9,276)	(97,028)
NONOPERATING REVENUE:			
Property taxes	1,405	234	1,640
Sales taxes	721	97	818
Cigarette taxes	1,515	435	1,951
Other tobacco product taxes	101	14	115
Interest income	0	0	0
Retirement plan contribution	2,583	431	3,014
TOTAL NONOPERATING REVENUE	6,326	1,212	7,538
NET INCOME (LOSS)	(81,426)	(8,065)	(89,490)

Note: The reduction of \$5,014 in supplies expense is the result of the transfer of pharmaceutical supplies to 1115 Waiver.

Dept of Public Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date June 30, 2013

	<u>May 31, 2013</u>	<u>Inc (Dec)</u>	<u>June 30, 2013</u>
REVENUE:			
Grant revenue	113		113
Other revenue	68	190	258
Total Revenue	181	190	371
OPERATING EXPENSES:			
Salaries and wages	5,010	1,321	6,331
Employee benefits	1,853	300	2,153
Supplies	46	38	83
Purchased svcs, rental & other	612	(69)	543
Insurance expense	133	22	155
Depreciation	108	18	127
Utilities	11	2	13
TOTAL OPERATING EXPENSES	7,774	1,632	9,405
GAIN (LOSS) FROM OPERATIONS	(7,593)	(1,441)	(9,034)
NONOPERATING REVENUE:			
Property taxes	3,975	668	4,643
Sales taxes	3,049	412	3,462
Cigarette taxes	4,855	1,240	6,095
Other tobacco product taxes	313	39	352
Interest income	0		0
Retirement plan contribution	824	137	961
TOTAL NONOPERATING REVENUE	13,016	2,497	15,513
NET INCOME (LOSS)	5,423	1,056	6,479

Note: The \$69 decrease in purchase services is due to the reversal of prior year's accrual of accounts payable.

Cermak
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date June 30, 2013

	May 31, 2013	Inc (Dec)	June 30, 2013
REVENUE:			
Other revenue	4	1	4
Total Revenue	4	1	4
OPERATING EXPENSES:			
Salaries and wages	20,306	3,417	23,723
Employee benefits	5,148	802	5,949
Supplies	1,205	20	1,226
Purchased svs, rental & other	758	70	828
Insurance expense	426	71	497
Depreciation	106	18	123
TOTAL OPERATING EXPENSES	27,948	4,398	32,346
GAIN (LOSS) FROM OPERATIONS	(27,945)	(4,397)	(32,342)
NONOPERATING REVENUE:			
Property taxes			
Sales taxes	6,246	844	7,090
Interest income	0	0	0
Retirement plan contribution	2,247	375	2,622
TOTAL NONOPERATING REVENUE	8,493	1,219	9,712
NET INCOME (LOSS)	(19,451)	(3,179)	(22,630)

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
FINANCIAL STATEMENT DISCLOSURE CHECKLIST

Fiscal Year 2013

OBJECTIVE:

The object of this checklist is to help determine if the form and contents of the financial statements are in conformity with the accounting standards applicable to financial statement basis of accounting.

DISCLOSURE PRINCIPLES:

Note: Management can comply with a disclosure principle by making disclosure in body of financial statements or in the notes accompanying the financial statements. In a compilation engagement, management's election to omit substantially all disclosures applies to all disclosure principles in GAAP financial statements.

	Yes, N/A, No?	If no, state reason (immaterial, estimated, etc.)
FINANCIAL STATEMENT REFERENCES:		
1. Do the financial statements reference footnotes (MD&A) or selected information?	Yes	
GENERAL DISCLOSURES:		
<u>A. Estimates:</u>		
1. General disclosure about use of estimates (MD&A)?	Yes	
2. Disclosure of possible changes in estimates?	Yes	
<u>B. Vulnerabilities do to concentrations in following areas disclosed?:</u>		
1. Customers?	Yes	
2. Suppliers?	Yes	
3. Lenders?	Yes	
4. Products?	Yes	
5. Supply of materials, labor or supplies?	Yes	
6. Location of assets in geographic area?	Yes	
<u>C. Related parties (FASB 57):</u>		
1. Known common control and economic dependency disclosure?	Yes	
2. Known transactions with related parties disclosed?	Yes	
<u>OTHER DISCLOSURE AREAS TO BE CONSIDERED:</u>		
1. Method of consolidations?	Yes	
2. Accounting changes including changes in GAAP and in estimates?	Yes	
3. Business combinations?	Yes	
4. Discontinues operations?	Yes	
5. Going concern?	Yes	

COMMENTS:

Completed by _____
 Reviewed by _____

Date _____
 Date _____

Cook County Health and Hospitals System

Financial Operations and Statistical Reports
(Non GAAP)

For the Month Ended June 30, 2013

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Final Cash Report

For the Month June-2013				Cumulative Cash Summary Through June-2013			
	Actual	Budget	Variance		Actual	Budget	Variance
SHCC				SHCC			
Medicare	\$ 7,304,782	\$ 4,106,514	\$ 3,198,268	Medicare	\$ 35,952,738	\$ 29,019,371	\$ 6,933,367
Medicaid	8,575,353	9,861,380	(1,286,027)	Medicaid	63,488,238	73,960,350	(10,472,112)
Other	1,692,791	1,606,263	86,528	Other	14,105,169	11,350,920	2,754,249
Physician Billing	603,087	925,653	(322,566)	Physician Billing	5,023,499	6,639,769	(1,616,270)
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	3,045,362	-	3,045,362
Vendor Payments From Revenue				Vendor Payments From Revenue			
Pharmacy Billing	-	-	-	Pharmacy Billing	-	-	-
Collection Agency	(37,994)	-	(37,994)	Collection Agency	(306,584)	-	(306,584)
Revenue Enhancement	(591,325)	-	(591,325)	Revenue Enhancement	(900,602)	-	(900,602)
Physician Billing Refunds	-	-	-	Physician Billing Refunds	(27,066)	-	(27,066)
Meaningful Use	-	625,617	(625,617)	Meaningful Use	6,394,088	4,421,027	1,973,061
CountyCare / 1115				CountyCare / 1115			
Waiver - Capitation	6,370,980	19,045,762	(12,674,782)	Waiver - Capitation	13,851,620	40,183,855	(26,332,235)
CountyCare / 1115				CountyCare / 1115			
Waiver -				Waiver -			
Administrative Fees	-	-	-	Administrative Fees	727,610	-	727,610
Physician Contract Payments	875	78,610	(77,735)	Physician Contract Payments	300,914	555,509	(254,595)
Physician Contract Revenues	-	-	-	Physician Contract Revenues	26,465	-	26,465
Totals	\$ 23,918,549	\$ 36,249,799	\$ (12,331,250)	Totals	\$ 141,681,451	\$ 166,130,801	\$ (24,449,350)

	Actual	Budget	Variance		Actual	Budget	Variance
PHCC				PHCC			
Medicare	\$ 179,968	\$ 212,620	\$ (32,652)	Medicare	\$ 369,060	\$ 1,502,518	\$ (1,133,458)
Medicaid	566,835	416,047	150,788	Medicaid	3,841,249	3,120,353	720,896
Other	90,546	100,497	(9,951)	Other	713,292	710,184	3,108
Physician Billing	55,004	42,119	12,885	Physician Billing	465,383	302,118	163,265
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	1,032,208	-	1,032,208
Vendor Payments From Revenue				Vendor Payments From Revenue			
Pharmacy Billing	(3,218)	-	(3,218)	Pharmacy Billing	(21,860)	-	(21,860)
Collection Agency	(3,711)	-	(3,711)	Collection Agency	(15,398)	-	(15,398)
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-	Physician Billing Refunds	-	-	-
Meaningful Use	-	89,580	(89,580)	Meaningful Use	1,799,956	633,036	1,166,920
CountyCare / 1115				CountyCare / 1115			
Waiver - Capitation	435,623	1,302,274	(866,651)	Waiver - Capitation	947,120	2,747,614	(1,800,494)
CountyCare / 1115				CountyCare / 1115			
Waiver -				Waiver -			
Administrative Fees	-	-	-	Administrative Fees	-	-	-
Physician Contract Payments	-	-	-	Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-	Physician Contract Revenues	-	-	-
Totals	\$ 1,321,048	\$ 2,163,137	\$ (842,089)	Totals	\$ 9,131,010	\$ 9,015,823	\$ 115,187

	Actual	Budget	Variance		Actual	Budget	Variance
OFHC				OFHC			
Medicare	\$ -	\$ 25,251	\$ (25,251)	Medicare	\$ 50,205	\$ 178,437	\$ (128,232)
Medicaid	301,387	125,531	175,856	Medicaid	1,484,454	941,483	542,971
Other	30,178	38,533	(8,355)	Other	296,217	272,298	23,919
Physician Billing	30,633	11,754	18,879	Physician Billing	204,949	84,314	120,635
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	925,566	-	925,566
Vendor Payments From Revenue				Vendor Payments From Revenue			
Pharmacy Billing	-	-	-	Pharmacy Billing	-	-	-
Collection Agency	(176)	-	(176)	Collection Agency	(5,355)	-	(5,355)
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-	Physician Billing Refunds	-	-	-
Meaningful Use	-	-	-	Meaningful Use	-	-	-
CountyCare / 1115				CountyCare / 1115			
Waiver - Capitation	-	-	-	Waiver - Capitation	-	-	-
CountyCare / 1115				CountyCare / 1115			
Waiver -				Waiver -			
Administrative Fees	-	-	-	Administrative Fees	-	-	-
Physician Contract Payments	-	-	-	Physician Contract Payments	-	-	-
Physician Contract Revenues	-	-	-	Physician Contract Revenues	-	-	-
Totals	\$ 362,022	\$ 201,069	\$ 160,953	Totals	\$ 2,956,036	\$ 1,476,532	\$ 1,479,504

	Actual	Budget	Variance		Actual	Budget	Variance
SYSTEM				SYSTEM			
Medicare	\$ 7,484,750	\$ 4,344,385	\$ 3,140,365	Medicare	\$ 36,372,003	\$ 30,700,326	\$ 5,671,677
Medicaid	9,443,575	10,402,958	(959,383)	Medicaid	68,813,941	78,022,186	(9,208,245)
Other	1,813,515	1,745,293	68,222	Other	15,114,678	12,333,402	2,781,276
Physician Billing	688,724	979,526	(290,802)	Physician Billing	5,693,831	7,026,201	(1,332,370)
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	5,003,136	-	5,003,136
Vendor Payments From Revenue				Vendor Payments From Revenue			
Pharmacy Billing	(3,218)	-	(3,218)	Pharmacy Billing	(21,860)	-	(21,860)
Collection Agency	(41,881)	-	(41,881)	Collection Agency	(327,337)	-	(327,337)
Revenue Enhancement	(591,325)	-	(591,325)	Revenue Enhancement	(900,602)	-	(900,602)
Physician Billing Refunds	-	-	-	Physician Billing Refunds	(27,066)	-	(27,066)
Physician Contract Payments	875	78,610	(77,735)	Physician Contract Payments	300,914	555,509	(254,595)
Physician Contract Revenues	-	-	-	Physician Contract Revenues	26,465	-	26,465
Meaningful Use	-	715,197	(715,197)	Meaningful Use	8,194,044	5,054,063	3,139,981
CountyCare / 1115				CountyCare / 1115			
Waiver - Capitation	6,806,603	20,348,036	(13,541,433)	Waiver - Capitation	14,798,740	42,931,469	(28,132,729)
CountyCare / 1115				CountyCare / 1115			
Waiver -				Waiver -			
Administrative Fees	-	-	-	Administrative Fees	727,610	-	727,610
DSH	13,528,186	12,567,309	960,877	DSH	92,775,548	87,971,163	4,804,385
Retro-Active DSH	10,374,628	-	10,374,628	Retro-Active DSH	10,374,628	-	10,374,628
BIPA	-	-	-	BIPA	150,000	-	150,000
Medicaid Malpractice Retro	-	-	-	Medicaid Malpractice Retro	-	-	-
Totals	\$ 49,504,432	\$ 51,181,314	\$ (1,676,882)	Totals	\$ 257,068,673	\$ 264,594,319	\$ (7,525,646)

Included in SHCC's Medicare revenue for June-2013 is a cost report settlement of \$3,199,360. SHCC FFS Medicare revenue net of the cost settlement is \$4,105,422. Total CCHHS FFS Medicare revenue for June-2013 net of the cost settlement is \$4,285,390.

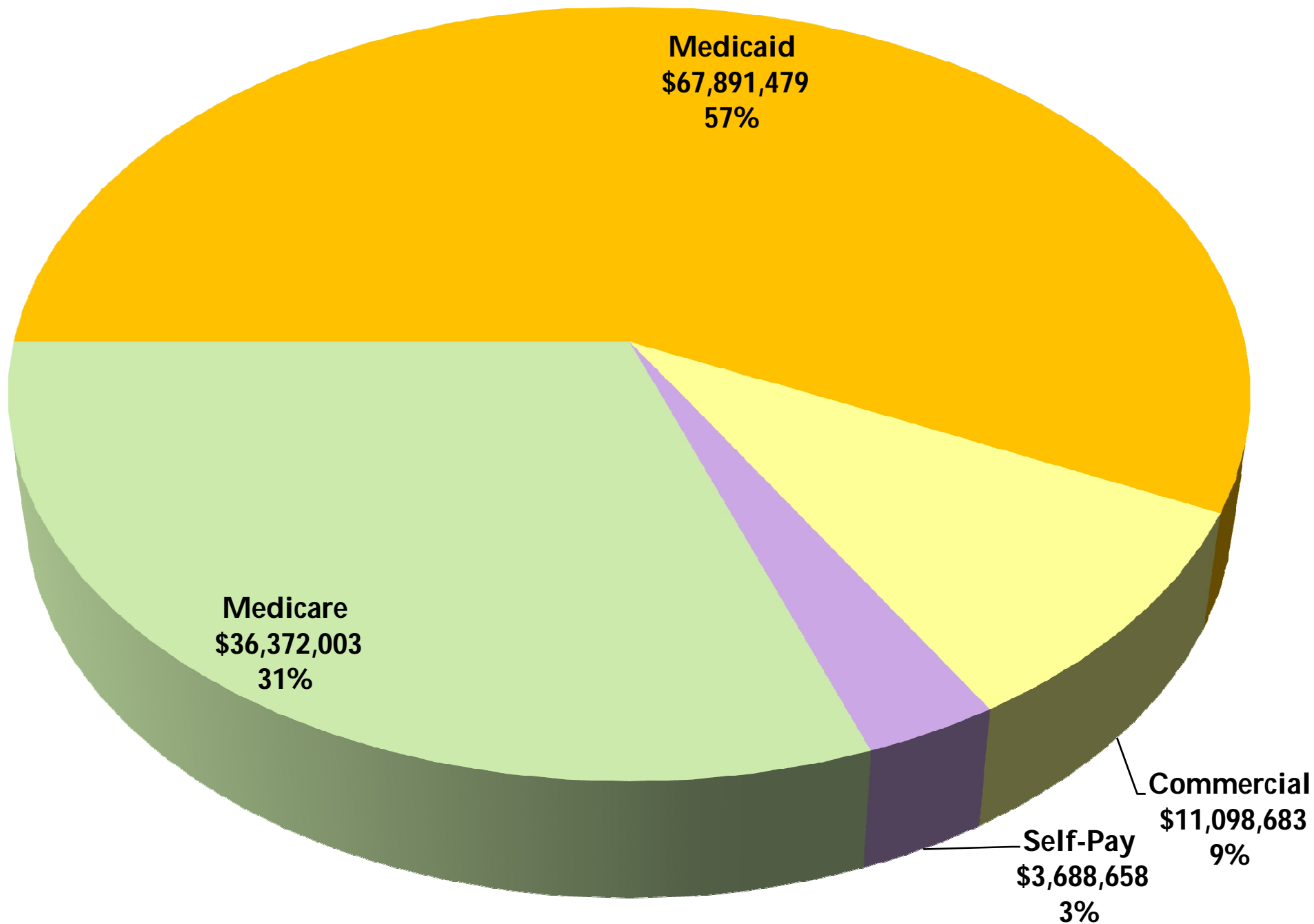
PHCC has returned \$980,957 in Medicare cost reports settlements this fiscal year.

The Medicaid fee-for-service revenue through the IGT covers the period beginning week ended 05/22/13 - 06/12/13.

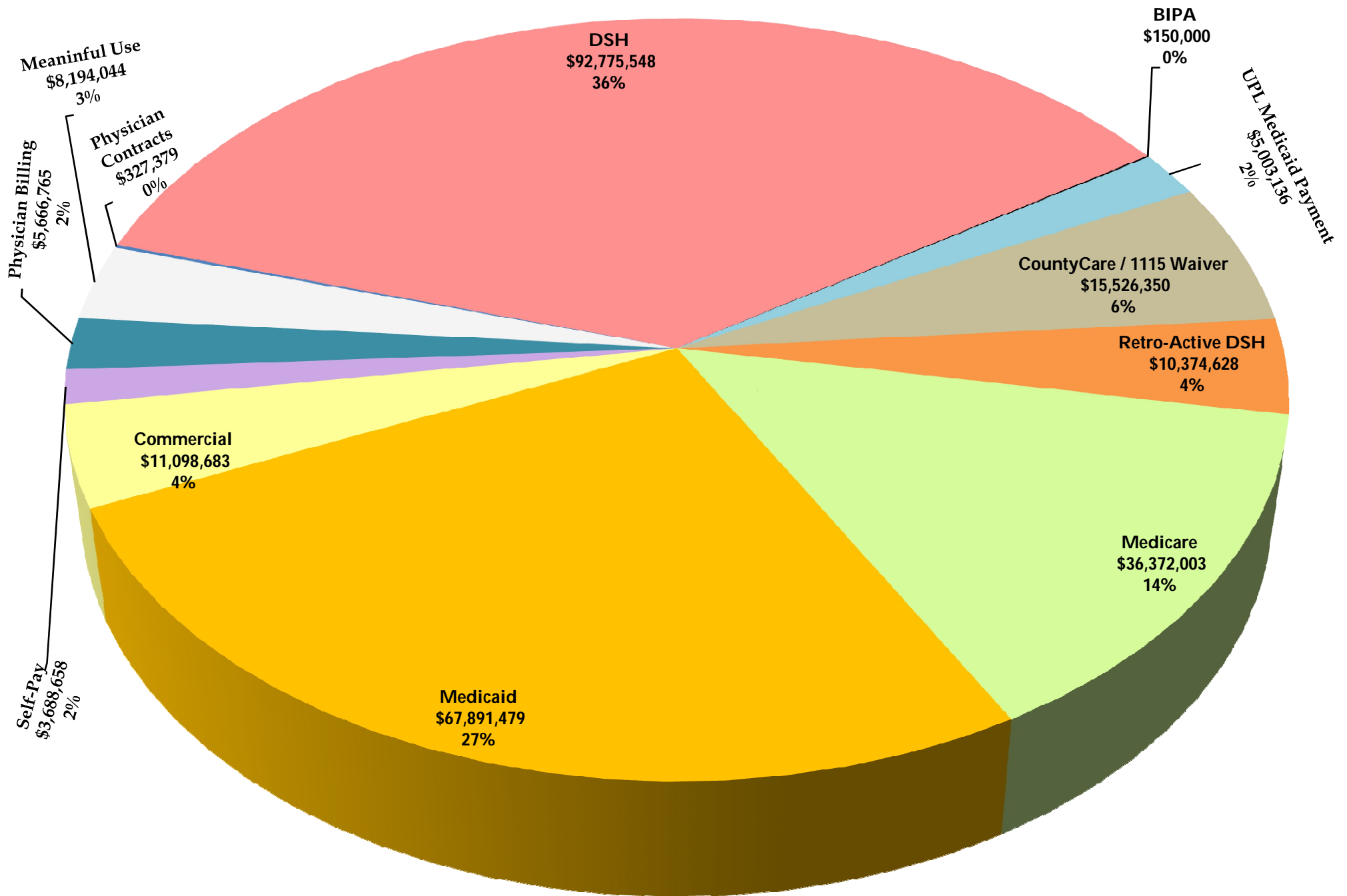
Vendor Payments From Revenue are payments out of revenue posted by the County Comptroller. Pharmacy Billing and Revenue Enhancement payments are reductions to Medicaid revenue. Collection Agency payments are reductions to Self-Pay (Other) revenue. Physician Billing payments include refunds processed by CCHHS. Included in the "Revenue Enhancement" totals are payments to the state for supplemental workers hired to help clear the Medicaid backlog.

The Meaningful Use budget is spread over 12 months, as it is not known in which month this payment will be received. Meaningful Use includes both the Medicare and Medicaid portions.

CCHHS Cumulative Net Patient Fee Cash Receipts Through June-2013



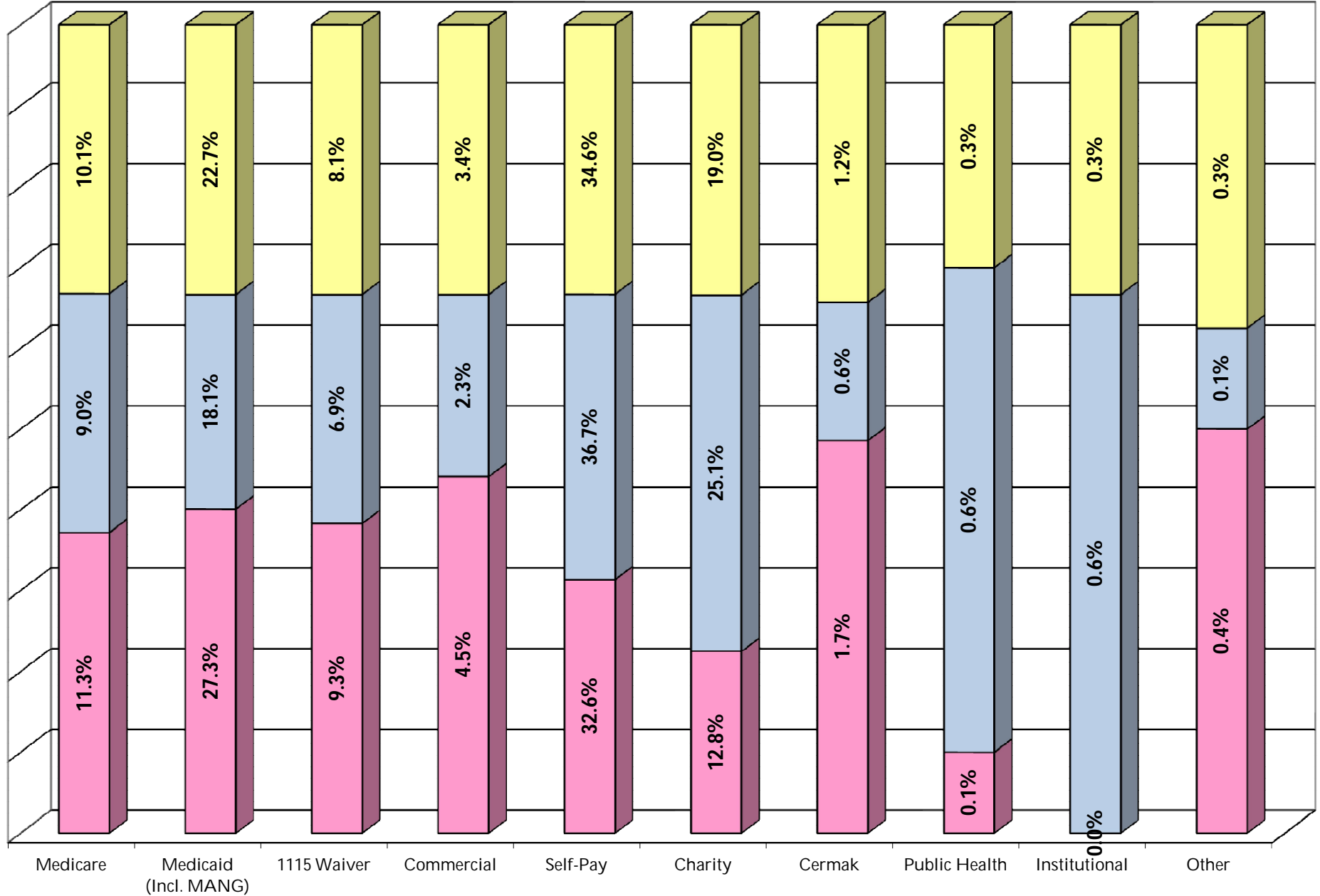
CCHHS Cumulative Total Net Cash Receipts Through June-2013



**Cook County Health Facilities
System Expenses per Adjusted Patient Days
Budget and Actual (Non-GAAP Budget Basis)
As of June 30, 2013**

<u>Institution</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Stroger	\$ 4,199	\$ 4,130	-1.67%
Provident	\$ 3,902	\$ 3,891	-0.29%

CCHHS IP, OP, And Combined Payer Mix For June-2013 (Based Upon Charges)
Assumes 30% Of Accounts Accepted By Vendor Successfully Converted To Medicaid

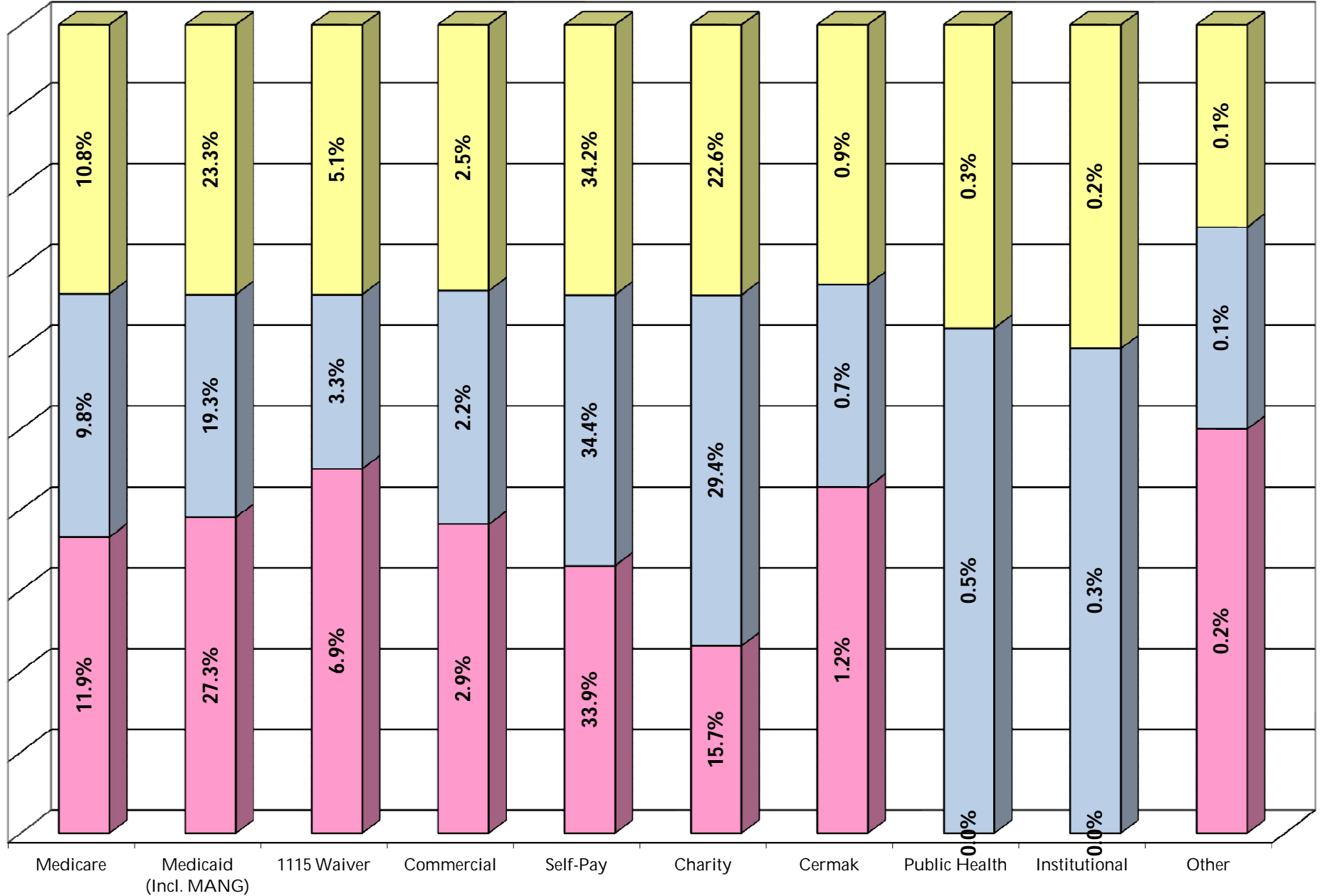


■ In-Patient
 ■ Out-Patient
 ■ Combined

- The data in this graph is based upon charges.

- Other includes Grants, Risk Management, and Workman's Compensation.

**Cumulative CCHHS IP, OP, And Combined Payer Mix Through June-2013 (Based Upon Charges)
Assumes 30% Of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid**



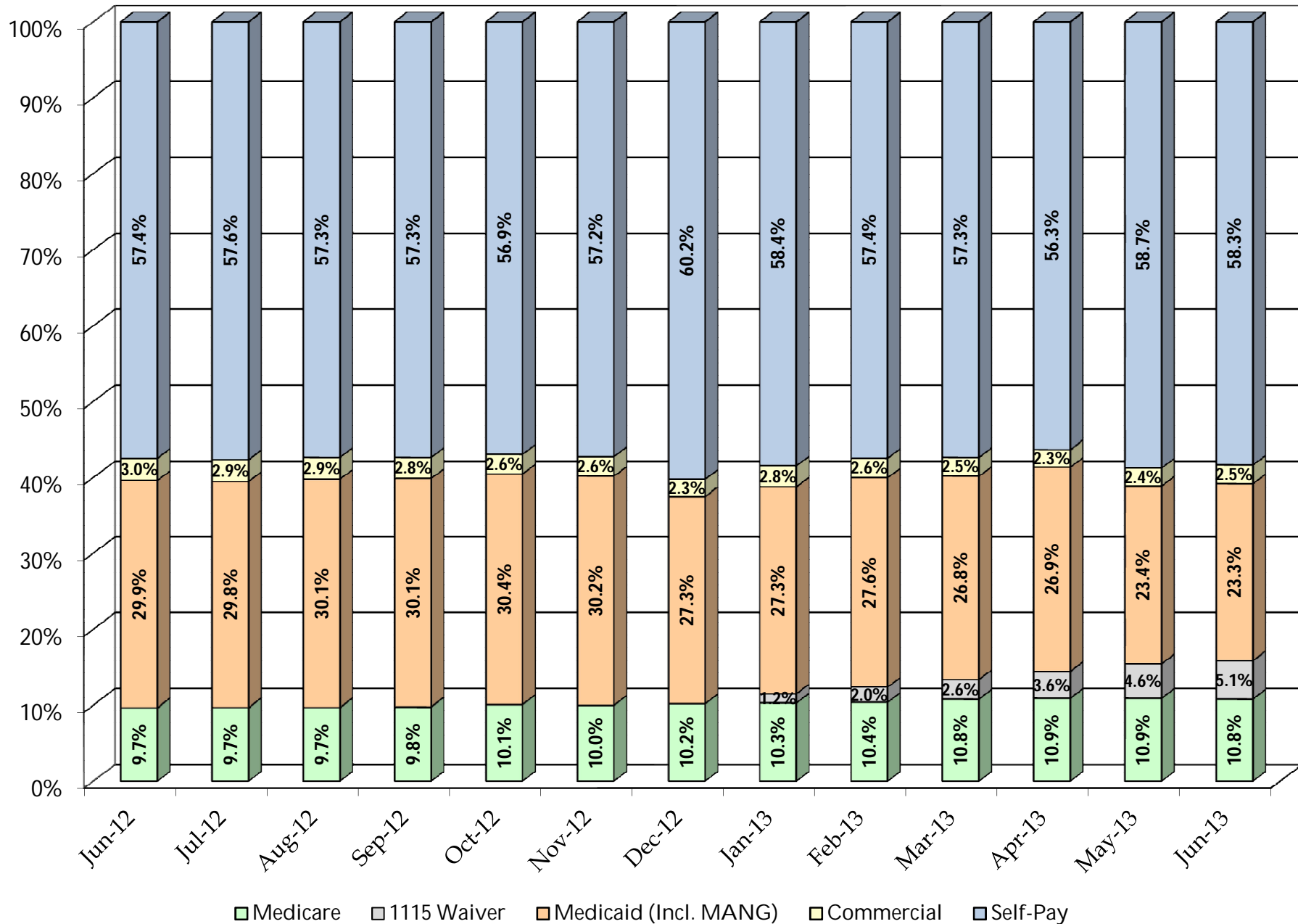
- The data in this graph is based upon charges.
- Other includes Grants, Risk Management, and Workman's Compensation.

IP And OP Cumulative Combined Payer Mix Comparison (Based Upon Charges)

Cook County Health And Hospitals System

Prior 13 Months Ending June-2013

Assumes 30% of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid



CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
June-2013

Admissions

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	255	163	92	14	16	(2)	269	179	90
Medicaid	493	584	(91)	26	13	13	519	597	(78)
Medicaid-Pending	2	-	2	-	-	-	2	-	2
1115 Waiver	84	-	84	7	-	7	91	-	91
Commercial	52	74	(22)	1	1	-	53	75	(22)
Self-Pay	823	1,085	(262)	47	99	(52)	870	1,184	(314)
Charity	242	-	242	9	-	9	251	-	251
Cermak	29	-	29	-	-	-	29	-	29
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	2	-	2	-	-	-	2	-	2
Workmens' Compensation	-	-	-	-	-	-	-	-	-
Total Admissions	1,982	1,906	76	104	129	(25)	2,086	2,035	51

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,083	832	251	51	56	(5)	1,134	888	246
Medicaid	2,240	3,155	(915)	144	52	92	2,384	3,207	(823)
Medicaid-Pending	3	-	3	-	-	-	3	-	3
1115 Waiver	459	-	459	17	-	17	476	-	476
Commercial	340	405	(65)	1	5	(4)	341	410	(69)
Self-Pay	3,997	4,857	(860)	176	330	(154)	4,173	5,187	(1,014)
Charity	893	-	893	30	-	30	923	-	923
Cermak	121	-	121	-	-	-	121	-	121
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	7	-	7	-	-	-	7	-	7
Workmens' Compensation	30	-	30	-	-	-	30	-	30
Total Patient Days	9,173	9,249	(76)	419	443	(24)	9,592	9,692	(100)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	2,113	1,906	207	183	250	(67)	2,296	2,156	140
Medicaid	4,369	7,226	(2,857)	515	232	283	4,884	7,458	(2,574)
Medicaid-Pending	6	-	6	-	-	-	6	-	6
1115 Waiver	895	-	895	61	-	61	956	-	956
Commercial	663	928	(265)	4	22	(18)	667	950	(283)
Self-Pay	7,798	11,124	(3,326)	631	511	120	8,429	11,635	(3,206)
Charity	1,742	-	1,742	108	-	108	1,850	-	1,850
Cermak	236	-	236	-	-	-	236	-	236
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	14	-	14	-	-	-	14	-	14
Workmens' Compensation	59	-	59	-	-	-	59	-	59
Total Adjusted Patient Days	17,895	21,184	(3,289)	1,502	1,015	487	19,397	22,199	(2,802)

Average Length of Stay

Payer Type	Stroger Hospital			Provident Hospital		
	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	4.0	4.8	(0.8)	3.6	3.7	(0.1)
Medicaid	4.3	4.8	(0.5)	5.4	3.7	1.7
Medicaid-Pending	2.7	4.8	(2.1)	-	-	-
1115 Waiver	4.7	4.8	(0.1)	2.0	3.7	(1.7)
Commercial	5.1	4.8	0.3	1.0	3.7	(2.7)
Self-Pay	4.5	4.8	(0.3)	3.9	3.7	0.2
Charity	3.8	4.8	(1.0)	3.4	3.7	(0.3)
Grants	-	-	-	-	-	-
Cermak	3.3	4.8	(1.5)	-	-	-
Institutional	-	-	-	-	-	-
Public Health	4.0	4.8	(0.8)	-	-	-
Workmens' Compensation	-	-	-	-	-	-
Overall Average LOS	4.3	4.8	(0.5)	4.1	3.7	0.4

-The primary insurance has been used to determine "Payer Type".

-The "Payer Type" represents the financial class in which the patient presented to CCHHS; not necessarily the final financial class for the patient.

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative For Fiscal Year 2013 Through June-2013

Admissions

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,714	1,473	241	111	135	(24)	1,825	1,608	217
Medicaid	3,722	4,260	(538)	152	162	(10)	3,874	4,422	(548)
Medicaid-Pending	12	-	12	-	-	-	12	-	12
1115 Waiver	273	-	273	26	-	26	299	-	299
Commercial	306	449	(143)	18	18	-	324	467	(143)
Self-Pay	5,680	7,504	(1,824)	404	664	(260)	6,084	8,168	(2,084)
Charity	1,758	-	1,758	142	-	142	1,900	-	1,900
Cermak	188	-	188	1	-	1	189	-	189
Grants	1	-	1	-	-	-	1	-	1
Institutional	1	-	1	-	-	-	1	-	1
Public Health	6	-	6	1	-	1	7	-	7
Workmens' Compensation	5	-	5	-	-	-	5	-	5
Total Admissions	13,666	13,686	(20)	855	979	(124)	14,521	14,665	(144)

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	7,497	7,059	438	471	518	(47)	7,968	7,577	391
Medicaid	18,548	23,102	(4,554)	657	620	37	19,205	23,722	(4,517)
Medicaid-Pending	35	-	35	5	-	5	40	-	40
1115 Waiver	1,374	-	1,374	120	-	120	1,494	-	1,494
Commercial	1,749	2,416	(667)	63	78	(15)	1,812	2,494	(682)
Self-Pay	26,637	33,223	(6,586)	1,642	2,315	(673)	28,279	35,538	(7,259)
Charity	7,033	-	7,033	503	-	503	7,536	-	7,536
Cermak	720	-	720	1	-	1	721	-	721
Grants	8	-	8	-	-	-	8	-	8
Institutional	22	-	22	-	-	-	22	-	22
Public Health	27	-	27	2	-	2	29	-	29
Workmens' Compensation	53	-	53	-	-	-	53	-	53
Total Patient Days	63,703	65,800	(2,097)	3,464	3,531	(67)	67,167	69,331	(2,164)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	14,486	15,600	(1,114)	1,552	2,120	(568)	16,038	17,720	(1,682)
Medicaid	35,640	50,980	(15,340)	2,145	2,549	(404)	37,785	53,529	(15,744)
Medicaid-Pending	69	-	69	16	-	16	85	-	85
1115 Waiver	2,668	-	2,668	406	-	406	3,074	-	3,074
Commercial	3,385	5,344	(1,959)	211	322	(111)	3,596	5,666	(2,070)
Self-Pay	51,461	73,460	(21,999)	5,396	6,520	(1,124)	56,857	79,980	(23,123)
Charity	13,590	-	13,590	1,643	-	1,643	15,233	-	15,233
Cermak	1,391	-	1,391	3	-	3	1,394	-	1,394
Grants	16	-	16	-	-	-	16	-	16
Institutional	43	-	43	-	-	-	43	-	43
Public Health	53	-	53	7	-	7	60	-	60
Workmens' Compensation	104	-	104	-	-	-	104	-	104
Total Adjusted Patient Days	122,906	145,384	(22,478)	11,379	11,511	(132)	134,285	156,895	(22,610)

-The primary insurance has been used to determine "Payer Type".

-The "Payer Type" represents the financial class in which the patient presented to CCHHS; not necessarily the final financial class for the patient.

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Emergency Room And Immediate Care Visits For June-2013

Stroger Hospital

Payer Type	ER Patients	Admissions From ER	Total Visits		Total Visits & Elopers
	Treated And Released		Before Elopes	ER Elopers	
Medicare	470	205	675	54	729
Medicaid	2,205	340	2,545	263	2,808
Medicaid-Pending	3	1	4	1	5
1115 Waiver	252	63	315	34	349
Commercial	270	35	305	19	324
Self-Pay	4,647	617	5,264	617	5,881
Charity	808	164	972	80	1,052
Cermak	54	28	82	3	85
Grants & Research	-	-	-	1	1
Public Health	12	2	14	3	17
Institutional	11	-	11	1	12
Workmens' Compensation	1	-	1	-	1
Totals	8,733	1,455	10,188	1,076	11,264
		Budget	10,394		
		Variance	(206)		

Provident Hospital

Payer Type	Treated And Released	Admissions From ER	Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	193	13	206	20	226
Medicaid	525	25	550	71	621
Medicaid-Pending	-	-	-	-	-
1115 Waiver	99	5	104	6	110
Commercial	79	1	80	9	89
Self-Pay	1,488	42	1,530	230	1,760
Charity	247	6	253	33	286
Cermak	-	-	-	-	-
Grants & Research	1	-	1	-	1
Public Health	5	-	5	2	7
Institutional	2	-	2	-	2
Workmens' Compensation	-	-	-	-	-
Totals	2,639	92	2,731	371	3,102
		Budget	2,713		
		Variance	18		

Oak Forest Health Center

Payer Type	Immediate Care Visits
Medicare	66
Medicaid	118
Medicaid-Pending	-
1115 Waiver	55
Commercial	22
Self-Pay	731
Charity	207
Cermak	-
Grants & Research	-
Public Health	-
Institutional	-
Workmens' Compensation	-
Totals	1,199
	Budget 1,353
	Variance (154)

ER and Immediate Care Total

Payer Type	ER Patients				Total ER and Immediate Care Visits with Elopers	
	Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopers	ER Elopers	
Medicare	663	218	66	947	74	1,021
Medicaid	2,730	365	118	3,213	334	3,547
Medicaid-Pending	3	1	-	4	1	5
1115 Waiver	351	68	55	474	40	514
Commercial	349	36	22	407	28	435
Self-Pay	6,135	659	731	7,525	847	8,372
Charity	1,055	170	207	1,432	113	1,545
Cermak	54	28	-	82	3	85
Grants & Research	1	-	-	1	1	2
Public Health	17	2	-	19	5	24
Institutional	13	-	-	13	1	14
Workmens' Compensation	1	-	-	1	-	1
Totals	11,372	1,547	1,199	14,118	1,447	15,565
ER and Immediate Care Budget				14,460		
Variance				(342)		

Percent Of Admissions From Emergency Room For Month Of June-2013

	SHCC	PHCC	CCHHS
ER Admissions	1,455	92	1,547
Total Admissions	1,982	104	2,086
% of ER Admissions	73%	88%	74%

Emergency Room Elope Percentage For Month Of June-2013

	SHCC	PHCC	CCHHS
ER Elopers	1,076	371	1,447
Total Visits with Elopers	11,264	3,102	14,366
% of ER Elopers	10%	12%	10%

(This data does not include Immediate Care Visits. It includes ER data only.)

Notes:

- ER Elopers are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

CCHHS Utilization Factors

**Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative Emergency Room And Immediate Care Visits Through June-2013**

Stroger Hospital

Payer Type	ER Patients Treated And Released	Admissions From ER	Total Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	3,196	1,384	4,580	328	4,908
Medicaid	15,542	2,553	18,095	1,696	19,791
Medicaid-Pending	10	6	16	4	20
1115 Waiver	715	193	908	70	978
Commercial	1,532	207	1,739	112	1,851
Self-Pay	33,245	4,311	37,556	4,451	42,007
Charity	6,187	1,170	7,357	560	7,917
Cermak	340	171	511	14	525
Grants & Research	6	1	7	1	8
Public Health	88	4	92	35	127
Institutional	99	1	100	6	106
Workmens' Compensation	28	4	32	3	35
Totals	60,988	10,005	70,993	7,280	78,273
		Budget	72,617		
		Variance	(1,624)		

Provident Hospital

Payer Type	Treated And Released	Admissions From ER	Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	1,152	104	1,256	106	1,362
Medicaid	3,517	147	3,664	483	4,147
Medicaid-Pending	-	-	-	-	-
1115 Waiver	245	21	266	24	290
Commercial	508	17	525	49	574
Self-Pay	9,652	376	10,028	1,378	11,406
Charity	2,263	110	2,373	205	2,578
Cermak	6	1	7	1	8
Grants & Research	2	-	2	-	2
Public Health	27	1	28	6	34
Institutional	18	-	18	1	19
Workmens' Compensation	-	-	-	-	-
Totals	17,390	777	18,167	2,253	20,420
		Budget	19,108		
		Variance	(941)		

Oak Forest Health Center

Payer Type	Immediate Care Visits
Medicare	373
Medicaid	639
Medicaid-Pending	-
1115 Waiver	152
Commercial	160
Self-Pay	5,643
Charity	1,951
Cermak	-
Grants & Research	-
Public Health	24
Institutional	3
Workmens' Compensation	4
Totals	8,949
	Budget 11,363
	Variance (2,414)

ER and Immediate Care Total

Payer Type	ER Patients Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopes	ER Elopes	Total ER and Immediate Care Visits with Elopes
Medicare	4,348	1,488	373	6,209	434	6,643
Medicaid	19,059	2,700	639	22,398	2,179	24,577
Medicaid-Pending	10	6	-	16	4	20
1115 Waiver	960	214	152	1,326	94	1,420
Commercial	2,040	224	160	2,424	161	2,585
Self-Pay	42,897	4,687	5,643	53,227	5,829	59,056
Charity	8,450	1,280	1,951	11,681	765	12,446
Cermak	346	172	-	518	15	533
Grants & Research	8	1	-	9	1	10
Public Health	115	5	24	144	41	185
Institutional	117	1	3	121	7	128
Workmens' Compensation	28	4	4	36	3	39
Totals	78,378	10,782	8,949	98,109	9,533	107,642
			ER and Immediate Care Budget	103,088		
			Variance	(4,979)		

Cumulative Percent Of Admissions From Emergency Room Through June-2013

	SHCC	PHCC	CCHHS
ER Admissions	10,005	777	10,782
Total Admissions	13,666	855	14,521
% of ER Admissions	73%	91%	74%

Cumulative Emergency Room Elope Percentage Through June-2013

	SHCC	PHCC	CCHHS
ER Elopes	7,280	2,253	9,533
Total Visits with Elopes	78,273	20,420	98,693
% of ER Elopes	9%	11%	10%

(This data does not include Immediate Care Visits. It includes ER data only.)

Notes:

- ER Elopes are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

CCHHS Utilization Factors

ACHN Clinic Visits - June-2013

ACHN Clinic Visits - June-2013

	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	31,439	33,376	(1,937)
WEST CLUSTER	4,919	5,871	(952)
SOUTH CLUSTER	5,918	5,905	13
SOUTH SUBURBAN CLUSTER	5,292	5,895	(603)
Total ACHN Visits	47,568	51,047	(3,479)

Cumulative ACHN Clinic Visits Through June-2013

	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	224,883	230,839	(5,956)
WEST CLUSTER	38,651	42,968	(4,317)
SOUTH CLUSTER	41,578	41,509	69
SOUTH SUBURBAN CLUSTER	39,391	39,072	319
Total ACHN Visits	344,503	354,388	(9,885)

Notes:

- The cumulative ACHN clinic visits for The South Suburban Cluster have been decreased to account for the inclusion of the OFH ICC visits in this cluster.

Cook County Health and Hospitals System
Top Ten DRG's - June-2013

John H. Stroger, Jr. Hospital of Cook County

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	75	174	2.3	0.7375	2.7
2	603 CELLULITIS W/O MCC	47	114	2.4	0.8392	3.7
3	313 CHEST PAIN	42	78	1.9	0.5617	1.7
4	812 RED BLOOD CELL DISORDERS W/O MCC	34	88	2.6	0.7872	2.7
5	292 HEART FAILURE & SHOCK W CC	33	116	3.5	1.0034	3.9
6	690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC	28	87	3.1	0.7810	3.3
7	897 ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	28	73	2.6	0.6788	3.2
8	794 NEONATE W OTHER SIGNIFICANT PROBLEMS	25	88	3.5	1.2311	3.4
9	743 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	25	64	2.6	0.9653	1.8
10	552 MEDICAL BACK PROBLEMS W/O MCC	25	73	2.9	0.8533	3.3

Provident Hospital of Cook County

Rank	DRG and Description	Total Patients	Total Days	Avg LOS	Case Mix	MEDICARE Geometric Avg LOS
1	313 CHEST PAIN	18	35	1.9	0.5617	1.7
2	603 CELLULITIS W/O MCC	11	53	4.8	0.8392	3.7
3	743 UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	9	23	2.6	0.9653	1.8
4	203 BRONCHITIS & ASTHMA W/O CC/MCC	7	33	4.7	0.6228	2.6
5	292 HEART FAILURE & SHOCK W CC	6	27	4.5	1.0034	3.9
6	192 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	6	32	5.3	0.7072	3.0
7	690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC	4	16	4.0	0.7810	3.3
8	293 HEART FAILURE & SHOCK W/O CC/MCC	4	23	5.8	0.6751	2.7
9	305 HYPERTENSION W/O MCC	4	7	1.8	0.6187	2.1
10	190 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	3	16	5.3	1.1860	4.4